2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000103860

1. Entity Name

MARKETING CORPORATION INTERNATIONAL OF **FLORIDA**



Principal Place of Business

PENTHOUSE, 10800 BISCAYNE BLVD. NORTH MIAMI, FL 33161

Mailing Address

PENTHOUSE, 10800 BISCAYNE BLVD. NORTH MIAMI, FL 33161

FILED Feb 18, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

) 1831)) Mar (18 18-	14A 1=141 BEIM BAM: ==1=4	MAII PRIES 1994 4-11- 4999 8497-24 4-1-
01062005	No Chg-P	CR2E034 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

SIGNATURE:

CYPEN, STEPHEN H 825 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140			DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					
Signature, typed or printed name of registored agent and title if applicable. (NOTE Registored Agent signature required when refinitating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PVST RYAN, NANCY PENTHOUSE, 10800 BISCAYNE BLVI NORTH MIAMI, FL 33161).	- 172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, NANCY PENTHOUSE, 10800 BISCAYNE BLVI NORTH MIAMI, FL 33161) .		U00000235208 02/18/95-80050-025 1 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	r.,		- V		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true-and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all effect like empowered.					

D OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR