2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000103860

1. Entity Name

MARKETING CORPORATION INTERNATIONAL OF **FLORIDA**



Principal Place of Business

Mailing Address

PENTHOUSE, 10800 BISCAYNE BLVD. NORTH MIAMI, FL 33161

PENTHOUSE, 10800 BISCAYNE BLVD. NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

FILED

Mar 09, 2007 08:00 AM

Secretary of State

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

CYPEN, STEPHEN H 825 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

	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. the obligations of registered agent.	I am familiar with, and acce	pt
SIC	IGNATI IDE		

(NOTE: Registered Agent alignature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees

U000000661169 03/20/07-80029-017 150.00

Trust Fund Contribution. 10. OFFICERS AND DIRECTORS **PVST** TITLE RYAN, NANCY PENTHOUSE, 10800 BISCAYNE BLVD. STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33161 RYAN, NANCY NAME STREET ADDRESS PENTHOUSE, 10800 BISCAYNE BLVD. CITY-ST-ZIP NORTH MIAMI, FL 33161 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. 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 oath; that I am an officer or director of the corporation or the receiver or trusted 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 attach

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR