2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000061711

1. Entity Name
MUREKS INTERNATIONAL TRADE INC.

Principal Place of Business	Mailing Address
6800 BENJAMIN RD.	6800 BENJAMIN RD.
TAMPA, FL 33634	TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

04132005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3329677	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOGAN, TARKAN
6800 BENJAMIN RD.
TAMPA, FL 33634

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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 registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	DOGAN, TARKAN
STREET ADDRESS	4606 DUNNIE DRIVE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	O
NAME	CINAROGLU, TUNGA
STREET ADDRESS	4610 WHISPERING PARK LANE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 other like empowered.

SIGNATURE: _____   4.27.05   813-249-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #