

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 038 ***150.00

DOCUMENT # K19701

1. Entity Name
MARJU CORP.



Principal Place of Business
**169 E FLAGLER ST
SUITE 1600
MIAMI, FL 33131 US**

Mailing Address
**169 E FLAGLER ST
SUITE 1600
MIAMI, FL 33131 US**

00044331



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0040191

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LINDENFELD, HELENE
169 EAST FLAGLER STREET, STE 1600
MIAMI, FL 33131**

**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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	LINDENFELD, JUDITH
STREET ADDRESS	169 E FLAGLER 1600
CITY-ST-ZIP	MIAMI, FL
TITLE	DP
NAME	LINDENFELD, MARTIN
STREET ADDRESS	169 E FLAGLER #1600
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DS
NAME	LINDENFELD, DANYA
STREET ADDRESS	169 E FLAGLER 1600
CITY-ST-ZIP	MIAMI, FL
TITLE	AS
NAME	LINDENFELD, HELENE
STREET ADDRESS	169 E FLAGLER ST, # 169
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Danya Lindenfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06

Date

305 374 3677

Daytime Phone #