

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000075935

**Entity Name:** M.A.R.S. ENTERPRISES OF C. F. INC.

**Current Principal Place of Business:**

4300 WEST LAKE MARY BLVD.  
SUITE 1010-128  
LAKE MARY, FL 32746

**Current Mailing Address:**

P.O.BOX 2765  
TARPON SPRINGS, FL 34688 US

**FEI Number:** 91-1693258

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHMIDT, NORA  
1225 AUDOBAN DRIVE  
ORLANDO, FL 32804 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PSD	Title	D
Name	SCHMIDT, NORA	Name	NOVAK, GIREYEV
Address	1225 AUDOBAN DRIVE	Address	5947 TUJUNGA AVE.
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	HOLLYWOOD CA 91601
Title	VP		
Name	DELLE-CASE, GLORIA DR.		
Address	P.O.BOX 2765		
City-State-Zip:	TARPON SPRINGS FL 34688		

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NORA SCHMIDT

**SECRETARY**

**03/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date