2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075935

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

Current Principal Place of Business:

427 E. TARPON AVE. SUITE B620 TARPON SPRINGS, FL 34689

Current Mailing Address:

P.O.BOX 1363 PORT RICHEY, FL 34673

FEI Number: 91-1693258

Name and Address of Current Registered Agent:

SCHMIDT, NORA 1225 AUDOBAN DRIVE ORLANDO, FL 32804 US FILED Feb 03, 2014 Secretary of State CC1051234308

Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | D | Title | PSD |
|-----------------|----------------------|-----------------|--------------------|
| Name | FRANK, WILSON | Name | SCHMIDT, NORA |
| Address | 11721 US HIGHWAY 19 | Address | 1225 AUDOBAN DRIVE |
| City-State-Zip: | PORT RICHEY FL 34668 | City-State-Zip: | ORLANDO FL 32804 |
| | | | |
| Title | D | | |
| Name | NOVAK, GIREYEV | | |
| Address | 5947 TUJUNGA AVE. | | |
| City-State-Zip: | HOLLYWOOD CA 91601 | | |

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

REGISTERING AGENT

02/03/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date