2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #456151

1. Entity Name
MARPAC INVESTMENTS CORP.



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

3400 ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD. MIAMI, FL 33131 Mailing Address

3400 ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD. MIAMI, FL 33131



CR2E034 (11/05)

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4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GY CORPORATE SERVICES, INC. 2 S BISCAYNE BLVD., #3400 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

No Chg-P

02012008

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, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. **PVD** TITLE PACINI DE VIDAL QUADRAS, MARGARITA NAME STREET ADDRESS 2 S BISCAYNE BLVD. #3400 MIAMI, FL 33131 CITY-ST-ZIP ST TITLE PACINI B., GINO NAME 2 S. BISCAYNE BLVD., #3400 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 VP TITLE VIDAL-QUADRAS, LILIANA NAME 2 S. BISCAYNE BLVD., #3400 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 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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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:

QUANTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18.2008

202-944-2074

Daytime Phone #