
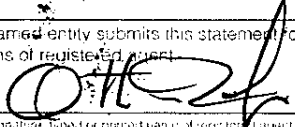
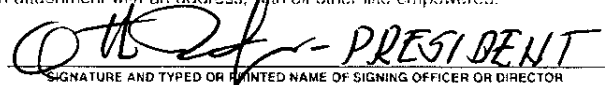


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90029 035 \*\*\*150.00

<b>DOCUMENT # 584651</b> 1. Entity Name <b>MAREX INTERNATIONAL CO.</b>					
Principal Place of Business <b>165 MADEIRA AVENUE, SUITE 1 SUITE 5 CORAL GABLES FL 33134 US</b>			Mailing Address <b>165 MADEIRA AVENUE, SUITE 1 SUITE 5 CORAL GABLES FL 33134 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>5</b>			3. Mailing Address Suite, Apt. #, etc. <b>5</b>		
City & State 			City & State 		
Zip 		Country 		4. FEI Number <b>59-1852475</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent <b>RAPADO, OTTO J 165 MADEIRA AVENUE CORAL GABLES FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  DATE <b>4/25/08</b> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when withdrawing.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAPADO, OTTO J. 165 MADEIRA AVE, STE 1 CORAL GABLES FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <b>PRESIDENT</b> DATE <b>4/25/08</b> DAYCINE FORM # <b>(705) 448-2000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					