

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-12-2008 90021 010 \*\*\*150.00

**DOCUMENT # 628730**

1. Entity Name  
**MARCENT FLORIDA INC.**



Principal Place of Business  
**5401 S. KIRKMAN ROAD  
SUITE 650  
ORLANDO, FL 32819-7912**

Mailing Address  
**5401 S. KIRKMAN ROAD  
SUITE 650  
ORLANDO, FL 32819-7912**

**DO NOT WRITE IN THIS SPACE**



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1924413**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KELLER, KATHLEEN  
5401 S. KIRKMAN ROAD, SUITE 650  
ORLANDO, FL 32819-7912**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME MAYER, RINA  
STREET ADDRESS 21 RUE DU MONT BLANC  
CITY-ST-ZIP GENEVA, SW

TITLE DP  
NAME LEITERSDORF, JONATHAN  
STREET ADDRESS 21 RUE DU MONT BLANC  
CITY-ST-ZIP GENEVA, SW

TITLE D  
NAME AVNAT, JOSEPH  
STREET ADDRESS 21 RUE DU MONT BLANC  
CITY-ST-ZIP 1201 GENEVA, SW

TITLE DV  
NAME KURZ, PIERRE  
STREET ADDRESS 21 RUE DU MONT BLANC  
CITY-ST-ZIP GENEVA, SW

TITLE D  
NAME BOURGER, DOMINQUE  
STREET ADDRESS 21 RUE DU MONT BLANC  
CITY-ST-ZIP GENEVA, SW

TITLE ST  
NAME KELLER, KATHLEEN  
STREET ADDRESS 5401 S. KIRKMAN RD, #650  
CITY-ST-ZIP ORLANDO, FL 328197912

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08

Date

407-351-6006

Daytime Phone #