## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 04, 2006 08:00 AM Secretary of State **DOCUMENT #687979** 1. Entity Name MARÁTHON '80 UNLIMITED, INC. Principal Place of Business Mailing Address 9906 KILGORE ROAD 9906 KILGORE ROAD ORLANDO, FL 32836 ORLANDO, FL 32836 05032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2042839 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HENRIQUEZ, DEBRA F DO NOT WRITE 9906 KILGORE ROAD ORLANDO, FL 32836 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 U00000562489 <u> 19706-80058-003</u> <u> 150.0</u>0 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS TITLE HENRIQUEZ, IVOR NAME STREET ADDRESS 9906 KILGORE ROAD CITY-ST-ZIP ORLANDO, FL 00000. TITLE VP. HENRIQUEZ, DEBRA NAME STREET ADDRESS 9906 KILGORE ROAD CITY-ST-ZIP ORLANDO, FL TITLE NAME HENRIQUEZ, DEBRA STREET ADDRESS 9906 KILGORE ROAD DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 00000, IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 rry 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Daytime Phone