


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90001 026 ***150.00

DOCUMENT # F02000001244

1. Entity Name
MARQUIS JET PARTNERS, INC.



Principal Place of Business
**230 PARK AVE. SUITE 840
 NEW YORK, NY 10169**

Mailing Address
**230 PARK AVE. SUITE 840
 NEW YORK, NY 10169**

DO NOT WRITE IN THIS SPACE



06012005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-4179171

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
 103 N. MERIDIAN STREET
 TALLAHASSEE, FL 32301-0000**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Chairman ALLARD, WILLIAM 230 PARK AVE. SUITE 840 NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President SCHACHAR, HENRY 230 PARK AVE. SUITE 840 NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CEO DICHTER, KEN 230 PARK AVE. SUITE 840 NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Secretary ITZLER, JESSE 230 PARK AVE. SUITE 840 NEW YORK, NY 10169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date Daytime Phone #