

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90142 001 ***150.00
03-23-2007 90142 002 *****8.75

DOCUMENT # G87309

1. Entity Name
MARCO DAROSA, INC.



Principal Place of Business Mailing Address
138 PRICE QUEST, P.O. BOX 1088
CHICOUTIMI-QUEBEC G7H5G4
CANADA, XX *CHANGE OF ADDRESS* **138 PRICE QUEST, P.O. BOX 1088**
CHICOUTIMI-QUEBEC G7H5G4
CANADA, XX

66006390



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
100 RUE CARRIER **SAME 100 RUE CARRIER**
Suite, Apt. #, etc. Suite, Apt. #, etc.

02262007 Chg-P CR2E034 (12/06)

City & State City & State
CHICOUTIMI, QUEBEC **CHICOUTIMI, QUEBEC**
Zip Country Zip Country
G7G 4Z7 **CANADA** **G7G 4Z7** **CANADA**

4. FEI Number Applied For
59-2375230 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEHAR, LARRY J.
888 SE THIRD AVE., S.400
FORT LAUDERDALE, FL 33316

Name **UNCHANGED**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GINGRAS, MARCEL	
STREET ADDRESS	138 PRICE QUEST, CP 1088	
CITY-ST-ZIP	CHICOUTIMI, QUEBEC,	
TITLE	<i>CHANGE OF ADDRESS</i>	<input type="checkbox"/> Delete
NAME	GINGRAS MARCEL	
STREET ADDRESS	100 RUE CARRIER	
CITY-ST-ZIP	CHICOUTIMI, QUEBEC CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *MARCEL GINGRAS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 21-07 *418-549-8450*
Date Daytime Phone #



ATTACHMENT

66006390

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2007

MARCO DAROSA, INC.
100 CARRIERST
CHICOUTIMI QUEBEC
CANADA, G7G427, XX

SUBJECT: MARCO DAROSA, INC.
Ref. Number: G87309

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 207A00013906

Please, find herewith, "annual report/uniform business report" duly completed as required, together with my check in the amount of \$150.00. Also included you will find an additional check in the amount of \$8.75 in payment of "certificate of status".

*Thanking you for your kind attention,
Respectfully,*

MARCEL GINGRAS

MARCEL GINGRAS

MARCH 21/2007