

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

DOCUMENT # G87309

1. Entity Name

MARCO DAROSA, INC.



Principal Place of Business

100 RUE CARRIER
CHICOUTIMI QUEBEC G7H5G4
CANADA
XX

Mailing Address

100 RUE CARRIER
CHICOUTIMI QUEBEC G7H5G4
CANADA
XX

66005603



2. Principal Place of Business - No P.O. Box #

722 EAST JACQUES
Suite, Apt. #, etc.
CARTIER ST.

3. Mailing Address

722 EAST JACQUES - CARTIER ST.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Chicoutimi, Quebec

City & State

Chicoutimi, Quebec

4. FEI Number

59-2375230

Applied For

Not Applicable

Zip

G7H2A5

Country

CANADA

Zip

G7H2A5

Country

CANADA

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

Name

MARCEL GINGRAS

Street Address (P.O. Box Number is Not Acceptable)

11050 NORTH BAY ROAD, UNIT 1203

SUNNY ISLES, FLORIDA

City

FL

Zip Code

33160

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]

Signature, typed or printed name of registered agent and title if applicable.

MARCEL GINGRAS

(NOTE: Registered Agent signature required when reinstating)

MARCH 20/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐
GINGRAS, MARCEL
100 RUE CARRIER
CHICOUTIMI, QUEBEC, CANADA g7-g4z7

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition ☐

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCEL GINGRAS

MARCH 20/08 (418-543-1123)

U.S. PHONE # 305-498-0442