## 2008 FOR PROFIT CORPORATION

## FILED Jan 24, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # H20202 1. Entity Name THE MARSTEL CORPORATION Principal Place of Business Mailing Address 2615 SOUTH UNIVERSITY DRIVE P.O. BOX 15728 DAVIE, FL 33328 US PLANTATION, FL 33318-5728 US DO NOT WRITE IN THIS SPACE 01082008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-2454724 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STELNIK, MARK E. 1431 NW 94TH TERRACE PLANTATION, FL 33322 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, 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 NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 reinnister – no i responsate in independent i strategiske i strategiske i strategiske i strategiske i strategis Sport – nota in strategiske i strategiske i strategiske i strategiske i strategiske i strategiske i strategisk Die grand i strategiske i OFFICERS AND DIRECTORS 10. TITLE 01/24/08-80026-008-150-00 NAME STELNIK, MARK E. 2615 S. UNIVERSITY DRIVE STREET ADDRESS CITY-ST-7IP DAVIE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 of the chapter 607. Stelnik Mark E. Stelnik

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

President

1/18/08 954 474-2800

Daytime Phone #