

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # J93409

1. Entity Name
MARAIST AND ASSOCIATES, INC.



Principal Place of Business
**3970 RCA BOULEVARD
SUITE 7005
PALM BEACH GARDENS, FL 33410 US**

Mailing Address
**3970 RCA BOULEVARD
SUITE 7005
PALM BEACH GARDENS, FL 33410 US**



DO NOT WRITE IN THIS SPACE

04182008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0027143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARAIST, JILL
15 LEEWARD CIRCLE
TEQUESTA, FL 33469**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARAIST, JILL
STREET ADDRESS	15 LEEWARD CIRCLE
CITY - ST - ZIP	TEQUESTA, FL
TITLE	ST
NAME	MARAIST, FRANCIS B., JR.
STREET ADDRESS	15 LEEWARD CIRCLE
CITY - ST - ZIP	TEQUESTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000909582
05/08/08-60076-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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, 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 authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08 561624-9493

Date

Daytime Phone #