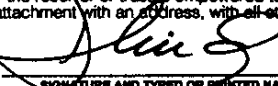


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90085 009 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # K19701</b><br>1. Entity Name<br><b>MARJU CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                     |  |
| Principal Place of Business<br><b>169 E FLAGLER ST<br/>SUITE 1600<br/>MIAMI, FL 33131 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                          | Mailing Address<br><b>169 E FLAGLER ST<br/>SUITE 1600<br/>MIAMI, FL 33131 US</b> |                                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                |                                                                                  | 04162008      Chg-P      CR2E034 (12/06)                                                                                                             |  |
| 4. FEI Number<br><b>65-0040191</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | 6. Name and Address of Current Registered Agent<br><br><b>LINDENFELD, HELENE<br/>169 EAST FLAGLER STREET, STE 1600<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                      |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                                                                                  |                                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DVP<br>LINDENFELD, JUDITH<br>169 E FLAGLER 1600<br>MIAMI, FL           | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>LINDENFELD, MARTIN<br>169 E FLAGLER #1600<br>MIAMI, FL 33131     | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DS<br>LINDENFELD, DANYA<br>169 E FLAGLER 1600<br>MIAMI, FL             | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AS<br>LINDENFELD, HELENE<br>169 E FLAGLER ST, # 169<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | AS<br>LINDENFELD HELENE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>169 E. FLAGLER ST. #1600<br>MIAMI, FL. 33131 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        | Danya Lindenfeld                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  | 4/16/08      3053743677                                                                                                                              |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                                                                                      |  |