

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K90512

1. Entity Name
MARCAD, INC.



**FILED
Apr 25, 2005 8:00 am
Secretary of State**

04-25-2005 90269 027 ***150.00

Principal Place of Business

1200 NW 87TH AVE
CORAL SPRINGS, FL 33071

Mailing Address

1290 NW 87TH AVE
CORAL SPRINGS, FL 33071

2. Principal Place of Business

7751 SOUTHAMPTON TERR.
Suite A208
UNIT 308

3. Mailing Address

7751 SOUTHAMPTON TERR.
Suite, Apt. #, etc.
UNIT 308

City & State

TAMARAC, FL

City & State

TAMARAC, FL

Zip

33321

BROWARD

Zip

33321

Country

BROWARD

6. Name and Address of Current Registered Agent

WIERNIK, BARRY
1290 NW 87TH AVE
CORAL SPRINGS, FL 33071

Name

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

7751 SOUTHAMPTON TERR.
UNIT 308

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WIERNIK, BARRY 1290 NW 87TH AVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7751 SOUTHAMPTON TERR. TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WIERNIK, RONI 1290 NW 87TH AVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7751 SOUTHAMPTON TERR. TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition UNIT OF ADDRESS ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20046274

