


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90269 027 ***150.00

DOCUMENT # K90512		
1. Entity Name MARCAD, INC.		

Principal Place of Business 1200 NW 87TH AVE CORAL SPRINGS, FL 33071	Mailing Address 1290 NW 87TH AVE CORAL SPRINGS, FL 33071
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2. Principal Place of Business 7751 SOUTHAMPTON TERR. UNIT 308	3. Mailing Address 7751 SOUTHAMPTON TERR. UNIT 308
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City & State TAMARAC, FL	City & State TAMARAC, FL
Zip 33321	Country BROWARD

04142005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0121865	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WIERNIK, BARRY 1290 NW 87TH AVE CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7751 SOUTHAMPTON TERR. UNIT 308 City TAMARAC FL Zip Code 33321

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: BARRY WIERNIK 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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. UNIT 308 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. UNIT 308 TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OF ADDRESS ONLY
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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: BARRY WIERNIK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/20/05 Daytime Phone: 954-721-7599