

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L14959

1. Entity Name
**MAROMAR INTERNATIONAL FREIGHT FORWARDERS
INC.**



Principal Place of Business
**7016 NW 50 ST.
MIAMI, FL 33122**

Mailing Address
**P.O. BOX 526245
MIAMI, FL 33152-6245**



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0144819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTH, MARTA
885 LAKE DR
MIAMI, FL 33166**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000252317
03/05/05-80023-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD BARTH, MARTA 885 LAKE DRIVE MIAMI SPRINGS, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAROFALO, ROBERTO B 885 LAKE DRIVE MIAMI SPRINGS, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FONTANA, MARCIEL 149 PINE AVE MIAMI SPRINGS, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

MARTA BARTH

Date

Daytime Phone #

2/28/05

3055942290