

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43352

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: JACQUELINE MARA, INC.

## Current Principal Place of Business:

% JACQUELINE MARA STEINIG  
6900 SW 21ST CT STE 5  
DAVIE, FL 33317 US

## New Principal Place of Business:

6900 SW 21ST CT STE 5  
DAVIE, FL 33317 US

## Current Mailing Address:

% JACQUELINE MARA STEINIG  
6900 SW 21ST CT STE 5  
DAVIE, FL 33317 US

## New Mailing Address:

6900 SW 21ST CT STE 5  
DAVIE, FL 33317 US

FEI Number: 65-0163966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STEINIG, JACQUELINE MARA  
845 N W 81ST WAY  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STEINIG, JACQUELINE, MARA  
Address: 845 N W 81ST WAY  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition  
Name: STEINIG, JACQUELINE M  
Address: 845 N W 81ST WAY  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE M STEINIG

D,P

03/12/2009

Electronic Signature of Signing Officer or Director

Date