

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010839

FILED
Sep 26, 2008
Secretary of State

Entity Name: MARKA II CORP

Current Principal Place of Business:

17300 NW 68TH AVE
APT. 106
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLVD.
267
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-3667568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALVAREZ, JOSE
10209 SW 89 STREET
MIAMI, FL 33176 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

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: DE LA CRUZ, RAUL H
Address: 17300 NW 68TH AVE. APT 106
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: ALVAREZ, JOSE
Address: 10209 SW 89 STREET
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: DE LA CRUZ, MAGALI R
Address: 17300 NW 68TH AVE. APT 106
City-St-Zip: HIALEAH, FL 33015

Title: D (X) Delete
Name: MORANTE, XIMENA G
Address: 17300 NW 68TH AVE. APT 106
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAUL H. DE LA CRUZ

DPST

09/26/2008

Electronic Signature of Signing Officer or Director

Date