

2006**CORPORATION
ANNUAL REPORT****FILED**
Sep 14, 2006 08:00 AM
Secretary of State**DOCUMENT # N08000001493**1. Entity Name
THE MARBAN INSTITUTE INC.

Principal Place of Business

**2264 SW 7TH ST
MIAMI, FL 33135**

Mailing Address

**2264 SW 7TH ST
MIAMI, FL 33135****DO NOT WRITE IN THIS SPACE**

09082006

CR2E034 (11/05)

4. FEI Number

80-0030103

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MARBAN, ELSA M
2264 SW 7TH ST
MIAMI, FL 33135****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
Due by September 15, 2006****9. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**
**PST
MARBAN, ELSA M
2264 SW 7TH ST
MIAMI, FL 33135****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
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CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP****TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**U000000576761
09/14/06-80001-007 150.00**DO NOT WRITE
IN THIS SPACE****12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

9.8.06 305.631.0778

Date

Daytime Phone #