
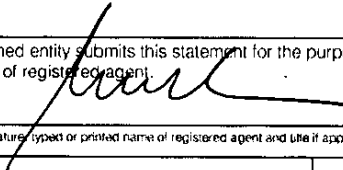
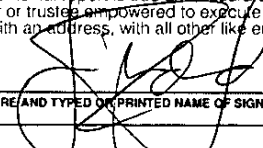


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90276 047 ***150.00

DOCUMENT # P00000026556			
1. Entity Name MARCH CORP.			
Principal Place of Business 848 BRICKELL AVE SUITE 700 MIAMI, FL 33131		Mailing Address 848 BRICKELL AVE SUITE 700 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1103172		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MURAI WALD BIONDO & MORENO PA 900 INGRAHAM BUILDING 25 SE 2ND AVENUE MIAMI, FL 33131		Name: <u>Murai Wald Biondo Moreno & Brockton, PA</u> Street Address (P.O. Box Number is Not Acceptable): <u>Two Alhambra PLAZA</u> <u>Penthouse 7B</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>	
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: 		Rene V. Murai 4/18/05	
SIGNATURE (typed or printed name of registered agent and title if applicable)		DATE	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ARDID, JOSE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDID, JOSE	NAME	
STREET ADDRESS	848 BRICKELL AVE, SUITE 700	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	VPAS ARDID, INIGO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDID, INIGO	NAME	
STREET ADDRESS	848 BRICKELL AVE, SUITE 700	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	AS MURAI, RENE V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURAI, RENE V	NAME	
STREET ADDRESS	25 SOUTHEAST 2ND AVENUE #900	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	D ARDID, DIEGO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDID, DIEGO	NAME	
STREET ADDRESS	848 BRICKELL AVE, SUITE 700	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: X 		Jose Ardid 4/18/05 305-377-1001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

14010604



04182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1103172 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURAI WALD BIONDO & MORENO PA
900 INGRAHAM BUILDING
25 SE 2ND AVENUE
MIAMI, FL 33131

Name: Murai Wald Biondo Moreno & Brockton, PA
 Street Address (P.O. Box Number is Not Acceptable): Two Alhambra PLAZA
Penthouse 7B
 City: Coral Gables FL Zip Code: 33134

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SIGNATURE:  Rene V. Murai 4/18/05

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

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SIGNATURE: X  Jose Ardid 4/18/05 305-377-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #