

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

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**



04222008

No Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-1103172**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MURAI WALD BIONDO & MORENO PA  
TWO ALHAMBRA PLAZA  
PENTHOUSE 1B  
MIAMI, FL 33134**

**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, 2008 Fee will be \$650.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ARDID, JOSE
STREET ADDRESS	848 BRICKELL AVE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VPAS
NAME	ARDID, INIGO
STREET ADDRESS	848 BRICKELL AVE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	AS
NAME	MURAI, RENE V
STREET ADDRESS	TWO ALHAMBRA PL PENTHOUSE 1B
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	D
NAME	ARDID, DIEGO
STREET ADDRESS	848 BRICKELL AVE, SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

**JOSE ARDID 4-21-08 3053771001**