


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P0000026556**

1. Entity Name  
**MARCH CORP.**



Principal Place of Business <b>848 BRICKELL AVE          SUITE 700          MIAMI, FL 33131</b>	Mailing Address <b>848 BRICKELL AVE          SUITE 700          MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1103172</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 05/15/08-80056-021 150.00

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:**  **JOSE ARDID** **4-21-08** **3053771001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #