

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000026556

**FILED  
Apr 16, 2009  
Secretary of State**

**Entity Name:** MARCH CORP.

**Current Principal Place of Business:**

848 BRICKELL AVE  
SUITE 700  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

848 BRICKELL AVE  
SUITE 700  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 65-1103172      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: ARDID, JOSE  
Address: 848 BRICKELL AVE, SUITE 700  
City-St-Zip: MIAMI, FL 33131

Title: VPAS ( ) Delete  
Name: ARDID, INIGO  
Address: 848 BRICKELL AVE, SUITE 700  
City-St-Zip: MIAMI, FL 33131

Title: AS ( ) Delete  
Name: MURAI, RENE V  
Address: TWO ALHAMBRA PL PENTHOUSE 1B  
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete  
Name: ARDID, DIEGO  
Address: 848 BRICKELL AVE, SUITE 700  
City-St-Zip: MIAMI, FL 33131

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

SIGNATURE: JOSE ARDID

PST

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date