


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000085599</b> 1. Entity Name <b>MARIGNY, INC.</b>		
Principal Place of Business <b>720 WEST FLAGLER DRIVE FT. LAUDERDALE, FL 33304</b>	Mailing Address <b>720 WEST FLAGLER DRIVE FT. LAUDERDALE, FL 33304</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>VAVROVSKY, JEAN 720 WEST FLAGLER DR., STE. 133 FT. LAUDERDALE, FL 33304</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAVROVSKY, JEAN 750 W. FLAGLER DRIVE FT. LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DE LACROIX, SOPHIE 720 W. FLAGLER DRIVE FT. LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Sophie de Lacroix</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-21-06</b> <small>Date Daytime Phone #</small>



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1036417</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U00000526549  
05/04/06-80079-002 150.00

**DO NOT WRITE  
IN THIS SPACE**