


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90046 039 ***150.00

DOCUMENT # P00000102255 1. Entity Name MARLY JOHNSON INC.			
Principal Place of Business 3501, EMERALD POINTE DR. APT. # 208B HOLLYWOOD, FL 33021 US		Mailing Address 3501, EMERALD POINTE DR. APT. # 208B HOLLYWOOD, FL 33021 US	
2. Principal Place of Business - No P.O. Box # 3501 EMERALD POINTE DR. Suite, Apt. #, etc. APT. # 207B City & State HOLLYWOOD FL Zip 33021 Country US		3. Mailing Address 3501 EMERALD POINTE DR. Suite, Apt. #, etc. APT. # 207B City & State HOLLYWOOD FL Zip 33021 Country US	
4. FEI Number 65-1051559		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 ALEXANDRE, DIXON 2800 W OAKLAND PARK BLVD. #101 OAKLAND PARK, FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD CHANDONNET, GUYLAINE 124 DE MEZY BOUCHERVILLE QUEBEC, CA j4b 4e2	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3501 EMERALD POINTE DR. APT. # 207B HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/18/2008 954-394-0199 <small>Date Daytime Phone #</small>	