

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000029853**

1. Entity Name  
**MARMONIX INC.**



Principal Place of Business  
**1927 N FEDERAL HWY  
BOCA RATON, FL 33432 US**

Mailing Address  
**22257 WOODRIDGE DR.  
BOCA RATON, FL 33428 US**



07252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1085644</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**QUER, CARLOS J  
22257 WOODRIDGE DR.  
BOCA RATON, FL 33428**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS QUER, CARLOS J 22257 WOODRIDGE DR. BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JUAN, QUER 4191 CYPRESS REACH CT #206 POMPANO BEACH, FL 33069
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	

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07/28/06-80004-003 158.75

**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:** JUAN QUER **JUAN QUER** 07-25-06 (954) 979 2898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #