


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

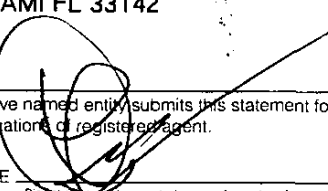
FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90277 045 ***150.00

DOCUMENT # P01000038089			
1. Entity Name MARCONIS, INC.			
Principal Place of Business 2031 NW 20TH STREET MIAMI FL 33142		Mailing Address 2031 NW 20TH STREET MIAMI FL 33142	
2. Principal Place of Business 2031 N.W. 20 St		3. Mailing Address Same	
Suite, Apt. #, etc. Miami Fla.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33142	Country U.S.A	Zip	Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent RUIZ-LASA, CONCEPCION 2031 NW 20TH STREET MIAMI FL 33142		7. Name and Address of New Registered Agent Name Concepcion Ruiz Lasa Street Address (P.O. Box Number is Not Acceptable) 3040 N.W. 20 St City Miami Fla FL Zip 33142	
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 4/15/06	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	D RUIZ-LASA, CONCEPCION 2031 NW 20TH STREET MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LASA, CRESENCIO 2031 NW 20TH STREET MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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. 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/15/06	Daytime Phone #
---	---	---------------------	-----------------