

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 014 ***158.75

DOCUMENT # P01000057999 1. Entity Name C.MARZOUKA PROFESSIONAL SERVICES, INC.																																			
Principal Place of Business P O BOX 600614 N MIAMI BEACH FL 33160			Mailing Address P O BOX 600614 N MIAMI BEACH, FL 33160																																
2. Principal Place of Business - No P.O. Box # 6802 SW 144 TERR Suite, Apt. #, etc.		3. Mailing Address 6802 SW 144 TERR Suite, Apt. #, etc.																																	
City & State Palmetto Bay FL Zip 33158		City & State Palmetto Bay FL Zip 33158		4. FEI Number 65-1116390																															
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent MARZOUKA, CYNTHIA 1811 CORTEZ STREET CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6802 SW 144 TERR City Palmetto Bay FL Zip Code 33158																																
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: 4.25.07 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>PST</td> <td>MARZOUKA, CYNTHIA</td> <td>P O BOX 600614</td> <td></td> </tr> <tr> <td></td> <td></td> <td>N MIAMI BEACH, FL 33160</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		PST	MARZOUKA, CYNTHIA	P O BOX 600614				N MIAMI BEACH, FL 33160			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td>6802 SW 144 TERR</td> <td>Palmetto Bay FL</td> <td></td> </tr> <tr> <td></td> <td></td> <td>33158</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			6802 SW 144 TERR	Palmetto Bay FL				33158		
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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:  **CYNTHIA MARZOUKA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** **4/25/07 (305) 369-2212**
Date Daytime Phone #