

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90053 043 \*\*\*150.00

DOCUMENT # P01000084306



1. Entity Name  
**MARBET PROPERTIES, INC.**

Principal Place of Business 13800 SW 8 STREET PMB 365 MIAMI FL 33184	Mailing Address 13800 SW 8 STREET PMB 365 MIAMI FL 33184
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2. Principal Place of Business - No P.O. Box # <b>1421 S.W. 107 AVE PMB #161</b>	3. Mailing Address <b>1421 S.W. 107 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>PMB #161</b>

1st MOORE CR2E034 (10/06)

City & State <b>Miami FLA</b>	City & State <b>MIAMI FLA</b>
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4. FEI Number <b>65-1133048</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33175</b>	Country <b>MIAMI-DADE</b>	Zip <b>33174</b>	Country <b>MIAMI-DADE</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LABADIE, MARIO**  
**13800 SW 8 STREET**  
**PMB 365**  
**MIAMI FL 33184**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST-ZIP	<b>P</b> <b>LABADIE, MARIO R</b> <b>2504 SOUTHWEST 125TH COURT</b> <b>MIAMI FL 33175</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<b>V</b> <b>LABADIE, BETTY</b> <b>2504 SOUTHWEST 125TH COURT</b> <b>MIAMI FL 33175</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mario R. Labadie      4-24-07      305554-7608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #