

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90320 044 ***150.00

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1. Entity Name
MARKA CORPORATION

Principal Place of Business
**3625 NORTH COUNTRY CLUB DRIVE
APT. 1004
AVENTURA FL 33180-1713**

Mailing Address
**3625 NORTH COUNTRY CLUB DRIVE
APT. 1004
AVENTURA FL 33180-1713**



2. Principal Place of Business
2015E COUNTRY CLUB DR

3. Mailing Address
2015E COUNTRY CLUB DR

Suite, Apt. #, etc.
#1446

Suite, Apt. #, etc.
#1446

City & State
AVENTURA FL

City & State
AVENTURA FL

4. FEI Number **65-1157797**

Applied For
 Not Applicable

Zip
33180

Country

Zip
33180

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ZAKALIK, MARIO K
3625 NORTH COUNTRY CLUB DRIVE
APT. 1004
AVENTURA FL 33180-1713**

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 MARIO KAE ZAKALIK DATE 4/27/03
Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAKALIK, MARIO K 3625 NORTH COUNTRY CLUB DR. APT. 1004 AVENTURA FL 33180-1713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINKELSTEIN, RAQUEL N 3625 NORTH COUNTRY CLUB DR. APT. 1004 AVENTURA FL 33180-1713	<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
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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 exemption stated in Section 119.07(3)(i), 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 KAE ZAKALIK DATE 04/27/03 301 9358421
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (10/02)