## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P0200006942  1. Entity Name MARKETING-CHILE CORP.					Secret	tary of Sta	
Principal Place of Business Mailing Address 1565 NW 88TH AVE., UNIT C 4405 NW 73 AVE., STE 714-1 MIAMI, FL 33172 MIAMI, FL 33166			19215	£ (##) ##	ill Burck innt wwith water ware wante water		
r	O NOT WRITE	CE	05102007 No Chg-P CR2E034 (11/05)				
DO NOT WRITE IN THIS SPA			CE	4. FEI Num 02-05		Applied For Not Applicable	
				Certificate of Status Desired			
Name and Address of Current Registered Agent							
8611 SW ( MIAMI, FL		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							
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reins					en reinstating) DATE		
FILE NOWIII FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finar Trust Fund Contribution.			ncing \$5	.00 May Be ded to Fees	In accordance with s. 607.1 corporation did not receive	93(2)(b), F.S., the the prior notice.	
10.	OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, ARNALDO G 1585 NW 88TH AVE., UNIT C MIAMI, FL 33172				Honoopprocess		
TITLE VD NAME COSTA, ANDREA G STREET ADDRESS 1565 NW 88TH AVE., UNIT C CITY-ST-2P MIAMI, FL 33172				U00000768839 07/16/07-80002-024 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORELLANA, JULIO 4405 NW 73 AVE., STE 714-19215 MIAMI, FL 33168			DO	NOT WRITE		

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 at 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

STREET ADDRESS CITY ST. ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP

D TYPED OF PRIFTED NAME OF SIGNING OFFICER OR DIRECT

JUL/08/07 786-924371