


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 8:00 am**  
**Secretary of State**

01-09-2007 90056 003 \*\*\*150.00

<b>DOCUMENT # P02000104005</b>		
1. Entity Name <b>MARRE IMPORT AND EXPORT, INC.</b>		

Principal Place of Business <b>4303 13 ST W LEHIGH ACRES, FL 33971</b>	Mailing Address <b>4303 13 ST W LEHIGH ACRES, FL 33971</b>
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2. Principal Place of Business - No P.O. Box # <b>4608 Douglas Ln</b>	3. Mailing Address <b>4608 Douglas Ln</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lehigh Acres FL</b>	City & State <b>Lehigh Acres FL</b>
Zip <b>33971</b>	Zip <b>33971</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>VEGA, IDALMIS 2404 CONCORD AVE NORTH LEHIGH ACRES, FL 33971</b>		7. Name and Address of New Registered Agent Name <b>Idalmis Vega</b> Street Address (P.O. Box Number is Not Acceptable) <b>4608 Douglas Ln</b> City <b>Lehigh Acres FL</b> Zip Code <b>33971</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEGA, IDALMIS 2404 CONCORD AVE NORTH LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Vega, Idalmis 4608 Douglas Ln Lehigh Acres FL 33971 <input checked="" 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
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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 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:**  **01/05/06** **(239) 368 9122**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #