2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

DOCUMENT # P03000014865 1. Entity Name MARCET DESIGN ASSOCIATES, INC.						ecretary	of Sta
	ce of Business	Mailing Address	•	•			
9251 SW 56 Miami, FL 3		9251 SW 56 TERR Miami, Fl. 33173					
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	O NOT WRITE		Maria Se	01252007	No Chg-P	CR2E034 (11/05)	
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3 - 3%	6. Name and Address of Current Re	್ರಿ ¹ ್ ಗ್ರಾಪ್ ನಿರಾಧ ಟ್ರಿಟ್ಟಿನ ಕಿ gistered Agent		الله الله المؤلفين من المؤ الله الله المؤلفين المؤلفين المؤلفين من المؤلفين المؤلفين من المؤلفين المؤلفين المؤلفين من المؤلفين المؤلفين ا	Control Pagarage	Fee Required	d
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9251 SW 5 MIAMI, FL				- 14 (14) 14(1)	HIS SP	:	
			Programme and the second of th	in din sel		ACE : ACC	(] 14.869 (A) (] ()
	named entity submits this statement for the	e purpose of changing its registe	ered office or registere	ed agent, or both, i	n the State of Flori	ida. I am familiar with,	and accept
	tions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and	 					
	Signature, types or printed rathe or registered again and	title d applicable (NOTE: Registi	ered Agent signature required v	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fin	ancing \$5.0	DO May Be	U00001 04/06/07-	D <u>68521</u> 4	50.00
After Ma	E NOWIII FEE IS \$150.00	9. Election Campaign Fin Trust Fund Contribution	ancing \$5.0	00 May Be	U00001 04/06/07	D685214	50.00
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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 of trusted 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:

SERATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/26/07

765 - 323 - 9347 Daylime Phone #