

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000050167 1. Entity Name MARSHEL, INC.					
Principal Place of Business 1642 SW 20TH AVE BOCA RATON, FL 33486			Mailing Address 1642 SW 20TH AVE BOCA RATON, FL 33486		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03042005 Chg-P CR2E034 (10/03)	
4. FEI Number 14-1883072				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILBERT, SHELDON 3760 NW 52ND ST BOCA RATON, FL 33496			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 _____ Signature, typed or printed name of registered agent and the land name NOTE: Registered Agent's signature required with registration DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SATISKY, MARVIN 17104 NORTHWAY CIR BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000368865 06/02/05-80003-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SILBERT, SHELDON 3760 NW 52ND ST BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-15-05 Date Daytime Phone #		