## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2006 08:00 AN Secretary of State DOCUMENT # P03000076226 1. Entity Name MARSEILLES ENTERPRISES INC. Principal Place of Business Mailing Address 3480 SW 141 STREET 1725 MARSEILLE DRIVE MIAMI, FL 33158 MIAMI BEACH, FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0093146 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, ANTHONY R Street Address (P.O. Box Number is Not Acceptable) 8480 SW 141 STREET MIAMI, FL 33158 Zip Code City FL 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 reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE RODRIGUEZ, ANTHONY R NAME NAME STREET ADDRESS STREET ADDRESS 8480 SW 141 STREET MIAMI, FL 33158 CITY-ST-ZIP CITY-ST-ZIP U00000553835 Change ☐ Dalete TITLE ☐ Addition TITLE RODRIGUEZ, IVETTE NAME 05/18/06-80018-016 150.00 STREET ADDRESS 8480 SW 141 STREET STREET ADDRESS MIAMI, FL 33158 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 1171 F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TRLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Change Addition THIF TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 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 eddress, with all other like empowered.

CITY-ST-ZIP

PRESIDENT Daytime Phone # ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP