


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90085 037 ***158.75

DOCUMENT # P03000088740 1. Entity Name MARCEL'S CREMATIONS, INC.					
Principal Place of Business 1010 ALI BABA AVE OPA-LOCKA, FL 33054			Mailing Address 3931 NW 168TH ST OPA LOCKA, FL 33055		
2. Principal Place of Business - No P.O. Box # 3931 N.W. 168 Street		3. Mailing Address Suite, Apt. #, etc.			
City & State Opa-locka, FL		City & State			
Zip 33055		Country		4. FEI Number 20-0259528	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCLOUD, DIANNE 1010 ALI BABA AVE OPA-LOCKA, FL 33054			7. Name and Address of New Registered Agent Name McCloud, Dianne Street Address (P.O. Box Number is Not Acceptable) 3931 N.W. 168 Street City Opa-locka FL Zip Code 33055		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MCCLOUD, DIANNE 1010 ALI BABA AVE OPA-LOCKA, FL 33054 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLOUD, DIANNE 3931 N.W. 168 Street Opa-locka, FL 33055 <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: <u><i>Dianne McCloud</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/20/07</u> Daytime Phone # <u>305-218-2858</u>		