2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000088740

1. Entity Name
MARCEL'S CREMATIONS, INC.

Principal Place of Business	Mailing Address
3931 N.W. 168 STREET	3931 NW 168TH ST
OPA LOCKA, FL 33055	OPA LOCKA, FL 33055

DO NOT WRITE IN THIS SPACE

03092008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-0259528		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLOUD, DIANNE
3931 N.W. 168 STREET
OPA-LOCKA, FL 33054

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IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000832914
04/16/08-90060-015 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCLOUD, DIANNE
STREET ADDRESS	3931 N.W. 168 STREET
CITY-ST-ZIP	OPA-LOCKA, FL 33054

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE

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: _Diane M. Cloud_   4/5/08   305-218-2858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #