

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

|                                                                        |                                                                                   |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000108028</b><br>1. Entity Name<br><b>MARWA, INC.</b> |  |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>2352 NORTHWEST 46TH STREET<br/>MIAMI, FL 33142 US</b> | Mailing Address<br><b>2352 NORTHWEST 46TH STREET<br/>MIAMI, FL 33142 US</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03222008 No Chg-P CR2E034 (11/05)

|                                    |                                      |
|------------------------------------|--------------------------------------|
| 4. FEI Number<br><b>20-0283377</b> | Applied For<br><b>Not Applicable</b> |
|------------------------------------|--------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>MUNTASER, ZAHIDA A<br/>2352 NW 46 STREET<br/>MIAMI, FL 33147</b> |
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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 _____<br><small>Signature typed or printed name of registered agent and date of filing</small> | DATE _____<br><small>(NOTE: Registered Agent is required to sign and date)</small> |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

|                                                                               |                                                                                                                          |                                                   |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>000000903311<br/>04/30/08-80042-002 150.00</b> |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                       |                                                                                    |
|--------------------------------------------------|------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>PVST<br/>MUNTASER, ZAHIDA A<br/>3290 SOUTHWEST 139 TERR<br/>DAVIE, FL 33330</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <u><i>Zahida Muntaser</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | <u><i>4/16/08</i></u><br>Date | Daytime Phone # _____ |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|