

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P03000118518

1. Entity Name

MARSHAY STUDIOS, INC.



**FILED  
Feb 08, 2005 8:00 am  
Secretary of State**

02-08-2005 90005 004 \*\*\*150.00

Principal Place of Business  
8000 WILES RD  
CORAL SPRINGS FL 33067

Mailing Address  
8000 WILES RD  
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0158769

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 NW 16 ST  
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent  
Name **JEFFREY MARKOW**  
Street Address (P.O. Box Number is Not Acceptable)  
**5137 HERON PLACE**  
City **COCONUT CREEK** FL Zip Code **33073**

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)

**2/1/05**

DATE

FILE NOW!!! FEE IS **\$150.00**

After May 1, 2005 Fee Will Be **\$550.00**

Make Check Payable to Florida Department of State

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 **D**  
NAME **MARKOW, JEFFREY**  
STREET ADDRESS **8000 WILES RD**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
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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)(i), 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.

**SIGNATURES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #