


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90035 020 ***150.00

DOCUMENT # P03000124967		
1. Entity Name MAROMER, INC		

Principal Place of Business 2476 N FEDERAL HIGHWAY LIGHTPOINHOUSE, FL 33064	Mailing Address 9039 SW 1ST STREET BOCA RATON, FL 33428
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40010357



01252007 Chg-P CR2E034 (12/06)

4. FEI Number 43-2034150		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MC KENZIE HORN, AIDA M 9039 SW 1ST., STREET BOCA RATON, FL 33428		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MC KENZIE HORN, AIDA M 9039 SW 1ST., STREET BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORN, OMER F 9039 SW 1ST., STREET BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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
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: Aida M. McKenzie 5 Feb 07 561 7153240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

ATTACHMENT 40010357

**Division of Corporations****Annual Report**

Annual Report Help

Document Number

P03000124967

Business Entity Name

MAROMER, INC

FEI Number	432034150		
FEI Number Status	Listed Above Applicable	Applied For	Not
Certificate of Status Desired	Yes No	\$8.75 each	
Election Campaign Financing Trust Fund Contribution	Yes No		

Principal Place of Business

Address 2476 N FEDERAL HIGHWAY
Suite, Apt. #, etc.
City, State LIGHTPOINTHOUSE, FL
Zip Code & Country 33064

Mailing Address

Address 9039 SW 1ST STREET
Suite, Apt. #, etc.
City, State BOCA RATON, FL
Zip Code & Country 33428

Name and Address of Registered Agent

Name (Last, First, Middle, Title) MC KENZIE HORN, AIDA, M,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 9039 SW 1ST., STREET

Suite, Apt. #, etc.

City, State BOCA RATON, FL
Zip Code & Country 33428 US

ATTACHMENT
40010357
P03600124967

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

[Signature] President

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PT	
Name (Last, First, Middle, Title)	MC KENZIE HORN, AIDA	, M ,

- OR -

Entity Name to serve as
Officer/Director

Street Address	9039 SW 1ST., STREET
City, State	BOCA RATON , FL
Zip Code & Country	33428

Title	VP	
Name (Last, First, Middle, Title)	HORN , OMER	, F ,

- OR -

Entity Name to serve as
Officer/Director

Street Address	9039 SW 1ST., STREET
City, State	BOCA RATON , FL
Zip Code & Country	33428

Title		
Name (Last, First, Middle, Title)		, , ,

- OR -

Entity Name to serve as
Officer/Director

40010357
~~#P03000124967~~

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

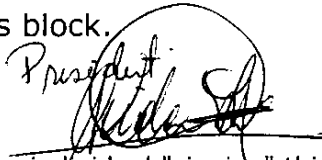
Zip Code & Country

An individual named above or an individual signing on
behalf of an entity named above must type their name in

~~#P03000124967~~
the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

President


This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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