


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90035 011 ***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		
2. Principal Place of Business - No P.O. Box # 6676 PARKSIDE DR		3. Mailing Address 			
Suite, Apt. #, etc. Parkland		Suite, Apt. #, etc. 			
City & State Florida		City & State 		4. FEI Number 43-2034150	
Zip 33067		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MC KENZIE HORN, AIDA M 9039 SW 1ST., STREET BOCA RATON, FL 33428				7. Name and Address of New Registered Agent 	
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 <u>Aida M McKenzie Horn.</u> <i>[Signature]</i> 2/5/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when registering)</small>				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	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	VP HORN, OMER F 9039 SW 1ST., STREET BOCA RATON, FL 33428		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
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 full other life empowered.				SIGNATURE: <i>[Signature]</i> 2/5/2008 561 7153240 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	