
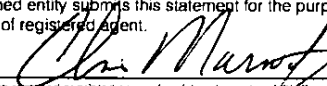
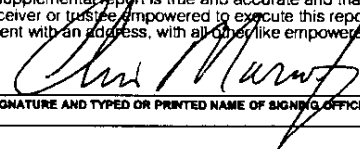


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90170 035 ***150.00

DOCUMENT # P03000138288 1. Entity Name MARWITZ BROTHERS VINYL, INC					
Principal Place of Business 1766 OAK GROVE DRIVE GREEN COVE SPRINGS, FL 32043			Mailing Address 1766 OAK GROVE DRIVE GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box # 2765 RUSSELL RD		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State COLS FL		City & State 		4. FEI Number 04-3779634	
Zip 32043		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARWITZ, CHRIS 1766 OAK GROVE DRIVE GREEN COVE SPRINGS, FL 32043			7. Name and Address of New Registered Agent Name CHRIS MARWITZ Street Address (P.O. Box Number is Not Acceptable) 2765 RUSSELL RD City COLS FL Zip Code 32043		
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:  4/10/07 <small>Signature: typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARWITZ, CHRIS 1766 OAK GROVE DRIVE GREEN COVE SPRINGS, FL 32043		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARWITZ, CURTIS 2284 WALLABY AVE MIDDLEBURG, FL 32068		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: 			4/10/07 (904) 591 5002		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					