


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90042 039 ***150.00

DOCUMENT # P04000045245	
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1. Entity Name MARC ALUMINIUM CORP.	Principal Place of Business 1922 SE 11 AVE CAPE CORAL, FL 33990	Mailing Address 1922 SE 11 AVE CAPE CORAL, FL 33990
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2. Principal Place of Business 1110 PINE ISLAND RD Suite, Apt. #, etc. STE 41 City & State CAPE CORAL, FL Zip 33901 Country U.S.A.	3. Mailing Address 1110 PINE ISLAND RD Suite, Apt. #, etc. STE 41 City & State CAPE CORAL, FL Zip 33901 Country U.S.A.
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01052006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0851494
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent FLORES, ANTONIO 1922 SE 11 AVE CAPE CORAL, FL 33990	7. Name and Address of New Registered Agent Name FLORES, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 1110 PINE ISLAND RD STE 41 City CAPE CORAL FL Zip Code 33901
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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 ANTONIO FLORES **DATE** 1-13-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P FLORES, ANTONIO 1922 SE 11 AVE CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ANTONIO FLORES **DATE** 1-13-06 **Daytime Phone #** 234-573-9873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR