

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90042 001 ***150.00

DOCUMENT # P04000047775

1. Entity Name
M.A.R. VENTURE CO.



Principal Place of Business
**5777 N. UNIVERSITY DR.
 TAMARAC, FL 33321 US**

Mailing Address **63 AV**
**4310 N.W. 53RD AVENUE
 CORAL SPRINGS, FL 33067 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
4310 NW 63 AV.
 Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL.

Zip
33067

Country
FLORIDA

00000191



04062008 Chg-P CR2E034 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GLANTZ, RONALD P
 7951 S.W. SIXTH STREET
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, MERLIN A PRES. 4111 SAPPHIRE BEND WESTON, FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Merlin Richards **4/12/08** **954 539 1027**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60025191
#P04000047775

ZIP Code: * [] - []
 Telephone No: * ([]) [] - [] Ext. []

Tax Information

2. Tax Type. This change applies to my accounts for the following tax or taxes (check at least one)*:

- | | |
|--|---|
| <input type="checkbox"/> Communications Services Tax | <input type="checkbox"/> Gross Receipts Tax |
| <input type="checkbox"/> Corporate Income Tax | <input type="checkbox"/> Sales and Use Tax |
| <input type="checkbox"/> Documentary Stamp Tax | <input type="checkbox"/> Solid Waste Fees and Surcharge |
| <input type="checkbox"/> Motor Fuels Tax | <input type="checkbox"/> Unemployment Tax |

Change Address

3. Change your address. Select the address type, then provide the new address information.

Address type: This is a change of (check one)*:

- Business Location Address Mailing Address Both

New address information: Provide information about your new address below:

Attention: [MERLIN MICHAELS]
 Street Address: * [4310 NW 63 AV.]
 City: * [COBALT SPRINGS]
 County: * [BROWARD]
 State: * [Florida FL]
 ZIP Code: * [33069] - []
 Telephone No.: * [(954)] [501] - [1027] Ext. []
 Fax No.: [()] [] - [] Ext. []
 E-Mail Address: []

Merlin Michaels 4/2/08

Change Account Status

4. Change your account status. Request to inactivate, reactivate or cancel your account. Check the box next to the appropriate action and provide the date this action becomes effective.

Action Requested (choose only one):

ATTACHMENT

600 25191

#P0400004775

DIV. of CORPORATIONS 4/12/08

PLEASE NOTE

ADDRESS CORRECTION:

MY CORRECT MAILING AND
RESIDENCE ADDRESS IS

4310 NW 63 AV
CORAL SPRINGS FL 33067

Thank you,

Melvin Richard