

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90053 012 ***150.00

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03032005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000059142 1. Entity Name MARCK USA, INC.					
Principal Place of Business P.O. BOX 1146 OCALA, FL 34478			Mailing Address P.O. BOX 1146 OCALA, FL 34478		
2. Principal Place of Business 1901 W VINE STREET		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-0984949	
City & State KISSIMMEE FL		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip 34741		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUG, ROBERT ESQ. 4010 BAY SCOUT BLVD. SUITE 590 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name DINESH SHAH Street Address (P.O. Box Number is Not Acceptable) 1605 COLUMBIA ARMS CIRCLE #217 City KISSIMMEE FL Zip Code 34741		
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><i>Dinesh</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>03-05-05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D SHAH, DINESH P.O. BOX 1146 OCALA, FL 34478	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, DINESH 1605 COLUMBIA ARMS CIRCLE #217 KISSIMMEE FL 34741
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Dinesh</i></u>			03-05-05 407-847-4432		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		