

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000109005

1. Entity Name
MAREK PROFESSIONAL SERVICES, INC.



Principal Place of Business
887 RICH DR, SUITE 101
DEERFIELD BCH, FL 33441

Mailing Address
887 RICH DR, SUITE 101
DEERFIELD BCH, FL 33441

2. Principal Place of Business
784 TIVOLI CR # 206

3. Mailing Address
SAME AS PRINCIPAL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. City & State
DEERFIELD BCH, FL

City & State

5. Zip 33441 Country BLOWARD

Zip _____ Country _____

6. Name and Address of Current Registered Agent

SKORUPINSKI, MAREK
887 RICH DR., SUITE 101
DEERFIELD BCH, FL 33441

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

784 TIVOLI CR # 206

City DEERFIELD BEACH FL Zip Code 33441

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 *Marek Skorupinski*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/14/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD SKORUPINSKI, MAREK 887 RICH DR., SUITE 101 DEERFIELD BCH, FL 33441		<input type="checkbox"/> Delete	784 TIVOLI CR # 206 DEERFIELD BCH, FL 33441		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD SKORUPINSKI, TRINIDAD 887 RICH DR., SUITE 101 DEERFIELD BCH, FL 33441		<input type="checkbox"/> Delete	784 TIVOLI CR # 206 DEERFIELD BCH, FL 33441		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<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 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: *Marek Skorupinski TC.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/05

Date

Daytime Phone #

**FILED
Mar 25, 2005 8:00 am
Secretary of State**

03-25-2005 90039 024 ***150.00

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