


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-25-2005 90039 024 ***150.00

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. 			
City & State DEERFIELD BCH, FL		City & State 			
Zip 33441		Country FLORIDA		03142005 Chg-P CR2E034 (10/03)	
4. FEI Number 33-1096901				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <u><i>Marek Skorupinski</i></u> DATE <u>03/14/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
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	PD SKORUPINSKI, MAREK 887 RICH DR., SUITE 101 DEERFIELD BCH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 784 TIVOLI CR # 206 DEERFIELD BCH, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SKORUPINSKI, TRINIDAD 887 RICH DR., SUITE 101 DEERFIELD BCH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 784 TIVOLI CR # 206 DEERFIELD BCH, FL 33441	
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	
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	
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	
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	
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>Marek Skorupinski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>03/14/05</u> <small>DATE</small>		