2007 FOR PROFIT CORPORATION

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 17, 2007 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P04000112893 1. Entity Name 04-17-2007 90055 020 \*\*\*150.00 MARS INTERNATIONAL INC. Principal Place of Business Mailing Address 1810 NE 144 STREET 1810 NE 144 STREET NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 2. Principal Place of Business, No P.O. Box # 16295 NW 13 Avenue 3. Mailing Address 16295 N.W. 13 1st MOORE CR2E034 (10/06) 4. FEI Number 20-1711648 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRISKIN ROMAN FARMER, DAN Street Address (P.O. Box Number is Not Acceptable) 3971 S.W. 8TH STREET SUITE 206 16295 NW 13th Avenue, Suite A MIAMI FL 33134 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 Signature, typed or printed name of i FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 🔀 Delete TITLE THE BRISKIN, ROMAN NAME NAME BRISKIN, ROMAN 1810 NE 144 STREET STREET ADDRESS 16295 NW 13TH AVENUE, Suite A STREET ADDRESS NORTH MIAMI FL 33181 MIAMI, FL 33169 CITY-ST-7IP CITY ST ZIP TITLE Delete TITLE ☐ Addition STEIN, SLAV STEIN, SLAV NAME 1810 NE 144 STREET 16295 NW 13TH AVENUE, Suite A MIAMI, Fl 33169 STREET ADDRESS STREET ADDRESS NORTH MIAM! FL 33181 CHY ST-ZIP CITY S1-7/P 11111 ☐ Defete 79715 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY-ST- /IP ☐ Delete HILE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP TITLE Delete ШЕ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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

FILED

ROMAN BRISKIN 03/30/0