


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 21, 2008 08:00 A
Secretary of State**

DOCUMENT # P04000122281
1. Entity Name
MARIETTA SQUARE, INC.



Principal Place of Business Mailing Address
**30 WEST MASHTA DRIVE SUITE 400
KEY BISCAYNE, FL 33149** **30 WEST MASHTA DRIVE SUITE 400
KEY BISCAYNE, FL 33149**

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1656892 Not Applicable

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

6. Name and Address of Current Registered Agent

**PUYANIC, MAX D
30 WEST MASHTA DRIVE SUITE 400
KEY BISCAYNE, FL 33149**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

04/09/09-20002-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PUYANIC, MAX D
STREET ADDRESS	30 WEST MASHTA DRIVE SUITE 400
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #