## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000129734

Entity Name: MARISA CITE CORP.

City-St-Zip:

MIAMI, FL 33132 US

FILED Feb 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1717 N BAYSHORE DRIVE 1717 N BAYSHORE DRIVE SUITE 215 **SUITE 2933** MIAMI, FL 33132 MIAMI, FL 33132 **Current Mailing Address: New Mailing Address:** 1717 N BAYSHORE DRIVE 1717 N BAYSHORE DRIVE SUITE 215 SUITE 2933 MIAMI, FL 33132 MIAMI, FL 33132 US FEI Number: 20-1620822 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEDARD, DENNIS R 1717 N BAYSHORE DRIVE SUITE 215 MIAMI, FL 33132 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FELCOURT, MARION Name: Name: 1717 N BAYSHORE DRIVE SUITE 215 Address: Address: City-St-Zip: MIAMI, FL 33132 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition FELCOURT, MARION Name: Name: 1717 N BAYSHORE DRIVE SUITE 215 Address: Address: MIAMI, FL 33132 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition DE LAVAYSSE, THIBAUT R Name: DE LAVAYSSE, THIBAUT R Name: 1717 N BAYSHORE DRIVE SUITE 215 1717 N BAYSHORE DRIVE SUITE 2933 Address Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33132 US

SIGNATURE: THIBAUT DE LAVAYSSE S 02/10/2006