


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90005 039 \*\*\*150.00

<b>DOCUMENT # P04000151384</b> 1. Entity Name <b>MARGE INVESTMENT GROUP, INC.</b>			
Principal Place of Business <b>169 E. FLAGLER STREET SUITE # 1035 MIAMI, FL 33131 US</b>		Mailing Address <b>169 E. FLAGLER STREET SUITE # 1035 MIAMI, FL 33131 US</b>	
2. Principal Place of Business - No P.O. Box # <b>5821 sheridan St</b>		3. Mailing Address <b>5821 sheridan St</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Hollywood FL</b>		City & State <b>Hollywood FL</b>	
Zip <b>33021</b>		Zip <b>33021</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>76-9010212</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARRERO, JOSE C ESQ. 1820 N. CORPORATE LAKES BLVD., SUITE # 1035 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>JOHN TRUJILLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5821 sheridan St</b> City <b>Hollywood</b> <b>FL</b> Zip Code <b>33021</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARROQUIN, ARGELIA 169 E. FLAGLER STREET, SUITE #1035 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JOHN TRUJILLO 5821 sheridan St Hollywood FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLAYA, JAIME 169 E. FLAGLER STREET, #1035 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLAYA JAIME 5821 sheridan St Hollywood FL 33021 <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
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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 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.			
<b>SIGNATURE:</b> <u>John A. A.</u>		02-28-07.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Daytime Phone #			