

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155360

FILED
Apr 22, 2008
Secretary of State

Entity Name: MARS ELECTRONICS & WIRELESS SOURCES .INC

Current Principal Place of Business:

770 SOUTH MILITARY TRAIL
H
LAKE WORTH, FL 33463

New Principal Place of Business:

15259 OKEECHOBEE BLVD
LOXAHATCHEE BLVD, FL 33470

Current Mailing Address:

15259 OKEECHOBEE
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEODORE, NOE
15259 OKEECHOBEE BLVD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: THEODORE, NOE
Address: 15259 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V () Delete
Name: THEODORE, ILOMANE J
Address: 15259 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T () Delete
Name: THEODORE, NOE II
Address: 15259 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S () Delete
Name: THEODORE, FRANCNER
Address: 10304 PIPIN LN
City-St-Zip: ROYAL PALM BEACH, FL 33470

Title: S () Delete
Name: THEODORE, CENAT
Address: 15259 OKEECHOBEE BVD
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: THEODORE, NOE II JESUSCH
Address: 15259 OKEECHOBEE BVD
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: NOE THEODORE

P

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date