


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90104 006 ***150.00

DOCUMENT # P04000159778	
1. Entity Name MARCIAL CORPORATION, INC.	

Principal Place of Business 136 AURORA LN POINCIANA, FL 34758	Mailing Address 136 AURORA LN POINCIANA, FL 34758
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2. Principal Place of Business - No P.O. Box # 112 FLATFISH CT.	3. Mailing Address 617 HERALDO COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Kissimmee, Florida	City & State Poinciana, Florida
Zip 34759	Zip 34758
Country Poland	Country Osceola C.

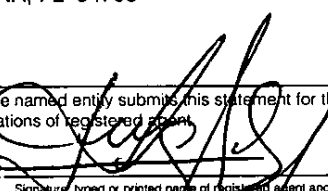
40098545



04042008 Chg-P CR2E034 (12/06)

4. Name and Address of Current Registered Agent HEAVY, MARCELO 136 AURORA LN POINCIANA, FL 34758		7. Name and Address of New Registered Agent Name MARCELO HEAVY Street Address (P.O. Box Number is Not Acceptable) 617 HERALDO COURT City Poinciana FL Zip Code 34758	
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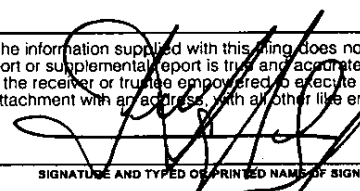
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAVY, MARCELO 112 FLATFISH COURT KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCELO D. HEAVY 617 Heraldo Court Poinciana FL.34758 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACEVEDO, LUZ E 112 FLATFISH COURT KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACEVEDO, LUZ E 617 Heraldo Court Poinciana, FL.34758 <input checked="" 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
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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **05/3/2008** Daytime Phone # **407-908-9584**