

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000168578

1. Entity Name  
M.ARI. FRIED, INC.



Principal Place of Business  
50 KINDRED STREET STE 303  
STUART, FL 34994

Mailing Address  
50 KINDRED STREET STE 303  
STUART, FL 34994

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
10066 DARROW RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09082008

Chg-P

CR2E034 (12/06)

City & State

City & State  
TWINSBURG, OH 44087

4. FEI Number  
20-2086359

Applied For  
Not Applicable

Zip

Country

Zip  
44087

Country

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

6. Name and Address of Current Registered Agent

GUEST, JAMES M  
C/O JAMES M. GUEST, CPA, P.A.  
15600 S.W. 288TH ST STE 401  
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPV  
FRIED, MIKE  
50 KINDRED STREET STE 303  
STUART, FL 34994 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
FRIED, MIKE  
50 KINDRED STREET STE 303  
STUART, FL 34994 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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

Daytime Phone #

FILED

08 SEP 15 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



200136105532  
09/18/08-01046-003 \*\*150.00

9/18/08 / 561-632-4841

9/15/08