2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an atta

SIGNATURE:

Mar 14, 2006 8:00 am **Secretary of State DOCUMENT # P05000025015** 1. Entity Name 03-14-2006 90019 003 ***158.75 MARIMAR GROUP CORP. Principal Place of Business Mailing Address 907 NORTHWEST 106TH AVENUE CIRCLE 7760 NORTHWEST 32ND STREET MIAMI FL 33122 **MIAMI FL 33172** 2. Principal Place of Business a Address 907 N.W 106 th are could Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number 797725 Applied For Not Applicable Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR N.W. 106 Have cinell **MIAMI FL 33145** 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 reinstablig) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** THILE ☐ Delete TITLE Change ☐ Addition MORALES, URIEL J NAME NAME STREET ADDRESS 907 NORTHWEST 106TH AVENUE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 VICE- President VICE- bresident Delete TITLE ☐ Change TIFLE Addition NOR HAN. A. ROSS NAME STREET ADDRESS STREET ADDRESS 1500 Bayroad \$538 MISHI. Black, Fl. 33139 Delete CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Floridal Statutes; and that my name appears in Block 10 or Block 11

FILED