

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90023 040 ***150.00

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01302006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000047652 1. Entity Name MARSCOM INC.					
Principal Place of Business 12955 BISCAYNE BLVD. SUITE 402 NORTH MIAMI, FL 33181			Mailing Address 12955 BISCAYNE BLVD. SUITE 402 NORTH MIAMI, FL 33181		
2. Principal Place of Business MARSCOM, Inc.		3. Mailing Address 15441 WEST DUNE HWY			
Suite, Apt. #, etc. Suite 13		Suite, Apt. #, etc. Suite 13			
City & State NORTH MIAMI BEACH, FL		City & State NORTH MIAMI BEACH, FL		4. FEI Number 56-2506834	
Zip 33162		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONATHAN D. LEINWAND, P.A. 12955 BISCAYNE BLVD. SUITE 402 NORTH MIAMI, FL FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, ADAM		NAME		
STREET ADDRESS	12955 BISCAYNE BLVD., SUITE 402		STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI, FL 33181		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STELLA, MARK		NAME		
STREET ADDRESS	12955 BISCAYNE BLVD., SUITE 402		STREET ADDRESS		
CITY - ST - ZIP	NORTH MIAMI, FL 33181		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Mark Stella</i> MARK STELLA			1-30-06 305940-6482		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		