2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # P05000066802 1. Entity Name MARHONE CORP.						04-26-2006 9	0201 033 *	**158	.75
Principal Place of Business		Mailing Address			4	0063626			
14996 S.W. 108TH TERRACE MIAMI, FL 33196		14996 S.W. 108TH TERRACE Miami, FL 33196			T	·.			
									EDI II IFAI
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072006	Chg-P	CR2E034 (1	1/05)	
City & State		City & State			4. FEI Numb	er 9793164			plied For Applicable
Zip 7	6 Country	Zip	Country		5. Certificate	of Status Desired		75 Addi Required	
	6. Name and Address of Current i	Registered Agent			7. Name and	Address of New Re			
	T. 0751/5111 500 51		N	Name MICHEL NARHONE					
CHARCHAT, STEVEN M ESQ.PA 848 BRICKELL AVE. SUITE 1040 MIAMI, FL 33131				Street Address (P.O. Box Number is Not Acceptable) 14996 SW 108 TERRACE					
,			С	City MIAMI			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 MICHEL MARHONE PRESIDENT DIRECTOR Signature, typed or printed name of registered agent and title (I applicable. (NOTE: Registered Agent signature required when reinstating) OA-24-06									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L /CHANGES TO OFFIC	CERS AND DIRE	ECTORS	IN 11
TITLE	D	Delete	TITLE	S				Change	Addition
NAME	MARHONE, MICHAEL		NAME DEDCET AS			PASCALE			
STREET ADDRESS CITY-ST-ZIP	14996 S.W. 108TH TERRACE MIAMI, FL 33196		STREET AD	" _{丁二}		108 TERRA	CE		
TITLE		☐ Delete	TITLE	[M]	AMI FL	33196	<u> </u>	Change	Addition
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CITY-ST-ZIP			CITY-ST-	ZIP			******		
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TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME		•	NAME STREET AC	nnpecc					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-						
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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 of quastee 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: _

MAME OF SIGNING OFFICER OR DIRECTOR

04-24-2006

(954)775-5257