


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000076873**

1. Entity Name  
**MARCELY CORPORATION**



Principal Place of Business 237 E 3 STREET 6 HIALEAH, FL 33010 US	Mailing Address 237 E 3 STREET 6 HIALEAH, FL 33010 US
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**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2933298	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, CELINA D  
 237 E 3 STREET  
 6  
 HIALEAH, FL 33010

**DO NOT WRITE IN THIS SPACE**

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: *Celina Diaz* (NOTE: Registered Agent signature required when reinstating) DATE: 04/19/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, CELINA D 237 E 3 STREET - APT 6 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TROYA, MARCO A 237 E 3 STREET - APT 6 HIALEAH, FL 33010
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 05/02/07-80070-022 158.75

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: *Celina Diaz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 04/19/07 Day Daytime Phone #: (305) 439-7139