

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000002262

Entity Name: MARCOS THERAPY INC

FILED
Dec 08, 2009
Secretary of State**Current Principal Place of Business:**3742 W 12TH AVE
HIALEAH, FL 33012**New Principal Place of Business:**3750 W 16TH AVE
232-U
HIALEAH, FL 33012**Current Mailing Address:**3742 W 12TH AVE
HIALEAH, FL 33012**New Mailing Address:**3750 W 16TH AVE
232-U
HIALEAH, FL 33012

FEI Number: 42-1689904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CAMEJO, ORLANDO
3742 W 12TH AVE
HIALEAH, FL 33012 US**Name and Address of New Registered Agent:**CAMEJO, ORLANDO
3750 W 16TH AVE
232-U
HIALEAH, FL 33012 US

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.

SIGNATURE: ORLANDO CAMEJO

12/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P&S () Delete
Name: CAMEJO, ORLANDO
Address: 3742 W 12TH AVE
City-St-Zip: HIALEAH, FL 33012**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P&S (X) Change () Addition
Name: CAMEJO, ORLANDO
Address: 3750 W 16TH AVE SUITE 232-U
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORLANDO CAMEJO

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12/08/2009

Electronic Signature of Signing Officer or Director

Date