## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 11, 2008 08:00 AN Secretary of State DOCUMENT # P06000088410 MARFEL USA, INC. Mailing Address Principal Place of Business P 0 BOX 354000 399 W. POINTE PLAZA PALM COAST, FL 32135 UNIT 3 PALM COAST, FL 32137 02022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5147214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AZEVEDO, JOE 4869 WEST POINT PLAZA PALM COAST, FL 32137 IN THIS SPACE ity 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 (NOTE Registered Agent signature required when reinstating ited name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000822932 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 02/20/08-30019-009 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME AZEVEDO, JOE P O BOX 354000 STREET ADDRESS PALM COAST, FL 32135 CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-7IP THUE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP ПΩЕ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 it made under oath; that I am an officer or director of the corporation or the receiver or dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with An address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR