


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90026 024 \*\*\*150.00

<b>DOCUMENT # P07000018923</b>					
<b>1. Entity Name</b> <b>MARIE IMPORTS INC.</b>					
<b>Principal Place of Business</b> 7806 WILES RD CORAL SPRINGS, FL 33065			<b>Mailing Address</b> 7806 WILES RD CORAL SPRINGS, FL 33065		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> <u>20-8507101</u>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FCF PROFESSIONAL SERVICES INC. 7520 NW 42ND DRIVE CORAL SPRINGS, FL 33065			<b>7. Name and Address of New Registered Agent</b> Name <u>MARIE LAFORTUNE</u> Street Address (P.O. Box Number is Not Acceptable) <u>8553 W SAMPLE RD</u> City <u>CORAL SPRINGS</u> <b>FL</b> Zip Code <u>33065</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: <u>D</u> NAME: <u>LAFORTUNE, MARIE</u> STREET ADDRESS: <u>8553 W SAMPLE RD</u> CITY-ST-ZIP: <u>CORAL SPRINGS, FL 33065</u>	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE: <u>K MARIE LAFORTUNE</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>03/21/2008</u> <u>954 756-3318</u> <small>Date    Daytime Phone #</small>		