

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

03-18-2008 90018 025 ***150.00

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03142008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000025779 1. Entity Name MAREMI CORPORATION					
Principal Place of Business 5121 MOBILAIRE DR WEST PALM BEACH, FL 33417			Mailing Address 5121 MOBILAIRE DR WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number			☐ Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent CARMEN DO CAMPO, MARIA D 5121 MOBILAIRE DR WEST PALM BEACH, FL 33417		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing • Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARMEN DO CAMPO, MARIA D 5121 MOBILAIRE DR WEST PALM BEACH, FL 33417	☐ Delete			
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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 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: <i>Carmen do Campo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: 3-14-08 (561) 5037300 Daytime Phone #					