2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000045225

1. Entity Name
MARKCOM INDUSTRIES INC.

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Principal Place of Business	Mailing Address
8551 WEST SUNRISE BLVD, SUITE 302 PLANTATION, FL 33322	8551 WEST SUNRISE BLVD, SUITE 302 PLANTATION, FL 33322

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 11046 N.W. 34th Manor
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Coral Springs, FL.

04072008   Chg-P   CR2E034 (12/06)

Zip	Country	Zip 33065	Country Broward	4. FEI Number 20-8825256	Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEJEAN, MARVIN 11046 NW 34TH MANOR CORAL SPRINGS, FL 33065	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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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

	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES
TITLE	P	☐ Delete	TITLE
NAME	DEJEAN, MARVIN		NAME
STREET ADDRESS	8551 WEST SUNRISE BLVD, SUITE 302		STREET ADDRESS
CITY-ST-ZIP	PLANTATION, FL 33322		CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE	VP	☐ Delete	TITLE
NAME	DEJEAN, KARLA-SHORES		NAME
STREET ADDRESS	8551 WEST SUNRISE BLVD, SUITE 302		STREET ADDRESS
CITY-ST-ZIP	PLANTATION, FL 33322		CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE		☐ Delete	TITLE — ☐ Change ☐ Addition
TITLE		☐ Delete	TITLE — ☐ Change ☐ Addition
TITLE		☐ Delete	TITLE — ☐ Change ☐ Addition
TITLE		☐ Delete	TITLE — ☐ Change ☐ Addition

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: _____   4-7-08   (954) 382-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #