

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000075935

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** M.A.R.S. ENTERPRISES OF C. F. INC.

**Current Principal Place of Business:**

427 E. TARPON AVE.  
SUITE B620  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 1363  
PORT RICHEY, FL 34673

**New Mailing Address:**

**FEI Number:** 91-1693258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHMIDT, NORA  
1225 AUDOBAN DRIVE  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FRANK, WILSON  
**Address:** 11721 US HIGHWAY 19  
**City-St-Zip:** PORT RICHEY, FL 34668

**Title:** D/P  
**Name:** SCHMIDT, NORA  
**Address:** 1225 AUDOBAN DRIVE  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** S  
**Name:** NOVAK, GIREYEV  
**Address:** 5947 TUJUNGA AVE.  
**City-St-Zip:** HOLLYWOOD, CA 91601

I hereby 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 all other like empowered.

**SIGNATURE:** NORA SCHMIDT

PRES

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date