2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State 03-31-2008 90029 017 ***150.00

1. Entity Nam	MENT # P07000105 NA ENTERPRISES INC.	5166					001		
Principal Place 2220 FOUNT KISSIMMEE, F	AIN BLVD	Mailing Address 2220 FOUNTAIN BLVD KISSIMMEE, FL 34741		 		66009	364		
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	03092008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Number 33- /	18331		No	oplied For at Applicable
Zíp	Country	Zip	Coun	dry	5. Certificate of		F	8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New Re	egistered Ag	jen <u>t</u>	 -
2220 FOUI	IA, RICARDO A NTAIN BLVD E, FL 34741				P.O. Box Number	s Not Acceptable)		
				City			FL	Zip Code	e
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	register	ed office or register	ed agent, or both,	in the State of Flo	rida. I am fa	miliar with.	and accept
SIGNATURE_	Signature, typed or printed name of registered agen	t and fille if applicable. (NOT	É: Registere	d Agent signature required	i when reinstating)	<u> </u>	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Conf		noing \$5	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFFI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCHENA, RICARDO A 2220 FOUNTAIN BLVD KISSIMMEE, FL 34741	☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					<u> </u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					· i	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	f f				☐ Change	☐ Addition
	certify that the information supplied with on this report or supplied entire report possible of the recovery o	h this filing does not qualify for strue and accurate and that			d in Chapter 119, I same legal effect	Florida Statutes. I	further certifoath; that I an	y that the in	nformation or director

changed, or on an attachment

SIGNATURE:

0.3/08/08

2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/31/2008-90029-017-\$150.00-\$150.00

ATTACHMENT

DOCUMENT # P07000105166 1. Entity Name MARCHENA ENTERPRISES INC.						ATTACHMENT				
Principal Place of Business 2220 FOUNTAIN BLVD KISSIMMEE, FL 34741			Mailing Address 2220 FOUNTAIN BLVD KISSIMMEE, FL 34741			- 66009364				
2. Principal Pl	ace of Business - No F	O. Box #	3. Mailing Address							
Suite, Apl. #, etc.			Suite, Apt. #, etc.			03092008	Chg-P	CR2E034 (12	/06)	
City & State			City & State		· · · · · · · · · · · · · · · · · · ·	4. FE Number 33 -	"// 833	8	Applied For Not Applicable	
Zip	Country		Zip	Countr	у	5. Certificate	of Status Desired	□ \$8.75 Fee Re	5 Additional equired	
	6. Name and Addre	ess of Current Re	gistered Agent		Name -	7. Name and	Address of New R	legistered Agent	. == ===	
2220 FOU!	IA, RICARDO A NTAIN BLVD E, FL 34741					P.O. Box Number	er is Not Acceptable	e)		
				}	City	_ .		FL Zig	Code	
SIGNATURE_	ons of registered agent Signature, yord or purced name E NOWILL FEE IS	od registered agent and s	9. Election Camp Trust Fund Co	aign Financ	Agent signature required	.00 May Bo		DATE		
After Ma	y_1, 2008 Fee wi	FFICERS AND DIF		ntribution.			CHANGES TO OFF		TODG IN 11	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P MARCHENA, RICA 2220 FOUNTAIN BI KISSIMMEE, FL 34	RDO A .VD	☐ Delete	TITLE	I ADDRESS SI-ZIP	ADDITIONS	CHANGES TO OFF	Ch		
IITLE MAME STREET AUDRESS GIFY-ST-ZIP			Oefete	TITLE NAME STREE CITY-S	ADORESS ST-ZIP			☐ Cita	ange 🔲 Addition	
TITLE NAME STREET ADORESS : CITY+ST-ZIP			☐ Deleta	TITLE NAME STREET CITY-S	1 A00-RESS 31-2P			Ch	ange Addition	
TITLE————— Name Street Adoress City-St-Zip			· 🗀 Devera	TATLE NAME STREET CITY-S	I ADORESS			☐ Chi	ange 🔲 Addition	
TITLE Name Street address City-St-21P			☐ Delete	TITLE NAME STREET CITY-S	TADORESS ST-BP			☐ Cna	enge Addition	
TITLE Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET CITY-S	(ADORESS 31-ZIP			☐ Cha	inge 🔲 Addition	
	` 2	n supplied with thi hendil report ig ru privistee emphys praviacitrees, with	s filing does not qualify e and accurate and that red to execute this repo all other like empowere	for the exer t my signatu it as require d.	nptions contained re shall have the ad by Chapter 507			further certify that bath; that I am an or appears in Block	the information flicer or director 10 or Block 11 if	
CICHAT	URE:1		ED HAVE OF BIGHING DESIGN			U.	3/08/08	401-3	<u>585- 74</u> 6	