

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90002 011 ***150.00

DOCUMENT # P07000119713

1. Entity Name
M.A.R. SMALL APPLIANCE TECHNITIAN INC.



Principal Place of Business
**1031 NE 142 ST
NORTH MIAMI, FL 33161**

Mailing Address
**1031 NE 142 ST
NORTH MIAMI, FL 33161**

40100000



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

04302008 Chg-P CR2E034 (12/06)

4. FEI Number
26-1362123

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**RODRIGUEZ, MIGUEL A
1031 NE 142 ST
NORTH MIAMI, FL 33161**

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 _____
(NOTE: Registered Agent signature required when reinstating)

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	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RODRIGUEZ, MIGUEL A		NAME		
STREET ADDRESS	1031 NE 142 ST		STREET ADDRESS		
CITY- ST- ZIP	NORTH MIAMI, FL 33161		CITY- ST- ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	NAGLE, CARMEN E		NAME		
STREET ADDRESS	1031 NE 142 ST		STREET ADDRESS		
CITY- ST- ZIP	NORTH MIAMI, FL 33161		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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 duly empowered.

SIGNATURE: [Signature] **4/30/08 786-262-5848**
Date Daytime Phone #