


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90106 033 \*\*\*150.00

**DOCUMENT # P94000036999**

1. Entity Name  
**MARGAL VENTURES, LTD., INC.**



Principal Place of Business      Mailing Address

7411 NW 12 AVE.      7411 NW 12 AVE.  
 214B      214B  
 MEDLEY, FL 33166 US      MEDLEY, FL 33166 US

90000094



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**4000 TOWER SIDE TERRACE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**# 1705**

City & State      City & State

**MIAMI, FLA.**

Zip      Country      Zip      Country

**33138 U.S.A.**

04142008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**65-0532713**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GAAL, MARTON M**  
 7911 NW 12TH AVE  
 214B  
 MEDLEY, FL 33166

**GAAL, MARTON M**  
 4000 TOWER SIDE TERRACE  
 # 1705  
 MIAMI, FLA 33138

7. Name and Address of New Registered Agent

**GAAL, MARTON M**  
 Sweet Address (P.O. Box Number is Not Acceptable)  
**4000 TOWER SIDE TERRACE # 1705**

City      State      Zip

**MIAMI, FL 33138**

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: *GAAL*      DATE: **4/23/08**

Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	P	<input type="checkbox"/> Delete
NAME	GAAL, MARTON M	
STREET ADDRESS	7911 NW 12 AVE.	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE	S	<input type="checkbox"/> Delete
NAME	GAAL, MARTON M	
STREET ADDRESS	NE 1614 105 ST.	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	<del>MARTON GAAL M</del>	<input type="checkbox"/> Delete
NAME	<del>HO00 TOWER SIDE TERRACE</del>	
STREET ADDRESS	<del># 1705</del>	
CITY-ST-ZIP	<del>MIAMI, FLA. 33138</del>	
TITLE	<del>MARTON GAAL M</del>	<input type="checkbox"/> Delete
NAME	<del>MARTON GAAL M</del>	
STREET ADDRESS	<del>MARTON GAAL M</del>	
CITY-ST-ZIP	<del>MARTON GAAL M</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE: *GAAL*      Date: **4/23/08**

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