

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000051402

1. Entity Name
MARCO BRANT ACCESSORIES, INC.



Principal Place of Business
1000 PARKVIEW DR
918
HALLANDALE, FL 33009

Mailing Address
1000 PARKVIEW DR
918
HALLANDALE, FL 33009

2. Principal Place of Business
1470 NE 123rd ST

3. Mailing Address
1470 NE 123rd ST

Suite, Apt. #, etc.
Ste 1106

Suite, Apt. #, etc.
Ste 1106

City & State
NORTH MIAMI FL

City & State
NORTH MIAMI FL

Zip
33161

Country
USA

Zip
33161

Country
USA

6. Name and Address of Current Registered Agent

BRANT, MARCO
1000 PARKVIEW DR
STE 908
HALLANDALE, FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

1470 NE 123rd ST

Ste 1106

City
NORTH MIAMI

FL Zip Code
33161

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BRANT, MARCO
1000 PARKVIEW DR, STE 918
HALLANDALE, FL 33009

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1470 NE 123rd ST Ste 1106
NORTH MIAMI FL 33161

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/31/06 3057545604
Date Daytime Phone #