

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90007 009 ***150.00

DOCUMENT # P95000061711 1. Entity Name MUREKS INTERNATIONAL TRADE INC.					
Principal Place of Business 6800 BENJAMIN RD. TAMPA, FL 33634			Mailing Address 6800 BENJAMIN RD. TAMPA, FL 33634		
2. Principal Place of Business P.O. BOX 271661		3. Mailing Address P.O. BOX 271661			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3329677	
Zip 33688-1661		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOGAN, TARKAN 6800 BENJAMIN RD. TAMPA, FL 33634		7. Name and Address of New Registered Agent Name DOGAN TARKAN Street Address (P.O. Box Number is Not Acceptable) 4606 DUNNIE DR. City TAMPA FL Zip Code 33614			
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 3-14-06 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 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	O ☐ Delete DOGAN, TARKAN 4606 DUNNIE DRIVE TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ☐ Delete CINAROGLU, TUNGA 4610 WHISPERING PARK LANE TAMPA, FL 33614		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:			3-14-06 813-679-0407 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					