2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 12, 2008 08:00 A DOCUMENT # P96000029919 Secretary of State 1. Entity Name MARC PAPPAS, INC. Principal Place of Business Mailing Address 11856 SW 103 LANE PO BOX 331076 MIAMI FL 33186 **COCONUT GROVE FL 33233** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0655827 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAPPAS, MARC Street Address (P.O. Box Number is Not Acceptable) 11856 SW 103 LANE **MIAMI FL 33186** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or boto, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or pained heard of registered agent and site. I applicable fNOTE. Registered Agent signature required when religiblings FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLF **PSTD** Change Delete TITLE Addition. NAME PAPPAS, MARCUS A NAME STREFT ADDRESS 11856 SW 103 LANE STREE! ADDRESS U00000855998 MIAMI FL 33186 CITY - ST- ZIP CITY-ST-ZIP 03/27/08-80067 TITLE De-ete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De-ete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY - ST- ZIP TITLE Derete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP IIILE ☐ Detele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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.

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