


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2008 90026 012 ***150.00

DOCUMENT # P96000044438	
1. Entity Name MURBAR CORP.	

40007000

Principal Place of Business 10271 HERON WOOD LANE P.O. BOX 30968 PALM BEACH GARDENS, FL 33412 US	Mailing Address P.O. BOX 26262 GREENSBORO, NC 27420 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 628 Green Valley Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 300
City & State	City & State Greensboro NC
Zip	Zip 27408
Country	Country USA



02112008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0683602	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TARKOE, CLINTON M 307 N.E. 1ST STREET POMPAHO BEACH, FL 33060-6607	
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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, MAURICE P.O. BOX 26262 GREENSBORO, NC 27420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fishman, Maurice 628 Green Valley Rd Suite 300 Greensboro NC 27408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, BARBARA P.O. BOX 26262 GREENSBORO, NC 27420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fishman, Barbara 628 Green Valley Rd Suite 300 Greensboro NC 27408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Maurice Fishman 4/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #