

FROM :

FAX NO. :

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90025 025 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000086424 1. Entity Name MARJIM ENTERPRISES, CORP.																																																																																																																																			
Principal Place of Business 1580 WASHINGTON AVENUE MIAMI BEACH, FL 33139			Mailing Address 1580 WASHINGTON AVENUE MIAMI BEACH, FL 33139																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country		Zip																																																																																																																															
Country		Country		4. FCI Number 05-0765636																																																																																																																															
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Requested				Applied For ☐ Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent GARCIA, MARIA R 5000 SW 95TH COURT MIAMI, FL 33165				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 fee statement for one purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hereby waiving, and accept the obligations of registered agent.																																																																																																																																			
SIGNATURE _____ Signature, together with name of registered agent, address & jurisdiction. (NOTE: Registered agent signature required when jurisdictional change)																																																																																																																																			
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																																																																																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS IN 10</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">NAME</td> <td style="width: 45%;">TITLE</td> <td style="width: 40%;">DATE</td> <td style="width: 15%;">NAME</td> <td style="width: 45%;">TITLE</td> <td style="width: 40%;">DATE</td> </tr> <tr> <td>NAME</td> <td>GARCIA, MARIA R</td> <td>☐ Date</td> <td>NAME</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000 SW 95TH COURT</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33165</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ Date</td> <td>NAME</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ Date</td> <td>NAME</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ Date</td> <td>NAME</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>☐ Date</td> <td>NAME</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS IN 10			NAME	TITLE	DATE	NAME	TITLE	DATE	NAME	GARCIA, MARIA R	☐ Date	NAME		☐ Change ☐ Addition	STREET ADDRESS	5000 SW 95TH COURT		STREET ADDRESS			CITY-STATE-ZIP	MIAMI, FL 33165		CITY-STATE-ZIP			NAME		☐ Date	NAME		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			NAME		☐ Date	NAME		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			NAME		☐ Date	NAME		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			NAME		☐ Date	NAME		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONAL OFFICERS TO OFFICERS AND DIRECTORS IN 10																																																																																																																																
NAME	TITLE	DATE	NAME	TITLE	DATE																																																																																																																														
NAME	GARCIA, MARIA R	☐ Date	NAME		☐ Change ☐ Addition																																																																																																																														
STREET ADDRESS	5000 SW 95TH COURT		STREET ADDRESS																																																																																																																																
CITY-STATE-ZIP	MIAMI, FL 33165		CITY-STATE-ZIP																																																																																																																																
NAME		☐ Date	NAME		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-STATE-ZIP			CITY-STATE-ZIP																																																																																																																																
NAME		☐ Date	NAME		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-STATE-ZIP			CITY-STATE-ZIP																																																																																																																																
NAME		☐ Date	NAME		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-STATE-ZIP			CITY-STATE-ZIP																																																																																																																																
NAME		☐ Date	NAME		☐ Change ☐ Addition																																																																																																																														
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY-STATE-ZIP			CITY-STATE-ZIP																																																																																																																																
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 189, 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 secretary or treasurer empowered to execute this report as required for Chapter 609, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an addendum with an addendum, with all other has submitted.																																																																																																																																			
SIGNATURE: <u><i>James A. ...</i></u> James A. ... - TREASURER <u>4/18/06</u> Signature and printed name of officer, director, or authorized agent																																																																																																																																			

40093223



04122008 Chg-P CR2E004 (11/05)