

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000104000**

1. Entity Name  
**MARODO CORP.**



Principal Place of Business  
**10155 COLLINS AVE, APT 1206  
MIAMI, FL 33154**

Mailing Address  
**10155 COLLINS AVE, APT 1206  
MIAMI, FL 33154**



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0803157**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MUFSON, FLORENCE  
10155 COLLINS AVE, APT 1206  
MIAMI, FL 33154**

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
MUFSON, FLORENCE  
10155 COLLINS AVE, APT 1206  
MIAMI, FL 33154**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
SOKOLIK, DON  
3100 HUNTER ROAD  
FORT LAUDERDALE, FL 33331**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
SOKOLIK, MARC  
925 BLUESPRING LANE  
ST. LOUIS, MO 63131**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
GREEN, RONALD  
642 NE 204 LANE  
MIAMI, FL 33179**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Florence Mufson* **Florence Mufson** **3/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #