

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 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**



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0803157** Applied For
Not Applicable

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000525464
05/04/06-80035-018 150.00**

10. OFFICERS AND DIRECTORS

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

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

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

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

Florence Mufson

FLORENCE MUFSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #