


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90041 014 \*\*\*150.00

<b>DOCUMENT # P98000097372</b>	
1. Entity Name <b>MARIUS ENTERPRISES, INC.</b>	

Principal Place of Business <b>717 PONCE DE LEON BOULEVARD SUITE 234 CORAL GABLES, FL 33134</b>	Mailing Address <b>717 PONCE DE LEON BOULEVARD SUITE 234 CORAL GABLES, FL 33134</b>
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**20006213**



2. Principal Place of Business - No P.O. Box # <b>2310 Country Club Prado</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03042007 Chg-P CR2E034 (12/06)

City & State <b>Coral Gables, FL</b>	City & State
Zip <b>33134</b>	Country

4. FEI Number <b>65-0912771</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>FABRE, FRANK R.S. 717 PONCE DE LEON BOULEVARD SUITE 234 CORAL GABLES, FL 33134</b>	
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7. Name and Address of New Registered Agent	
Name <b>FABRE, FRANK R.S.</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>2310 Country Club Prado</b>	
City <b>Coral Gables</b>	Zip Code <b>FL 33134</b>

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

**3/12/07**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 ALVARADO, MAYTEE CALLE 50 EDIFICIO PLAZA-FL 19 REPUBLIC OF PANAMA, PA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FABRE, FRANK 717 PONCE DE LEON BLVD #234 MIAMI, FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALVARADO, MAYTEE Calle 50 Edificio Plaza 2000, 19th Flr Panama, Republic of Panama <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FABRE, FRANK R. S. 2310 Country Club Prado Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**Frank R.S. Fabre, Secretary**

**3/12/07 305-264-1021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #