

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90176 005 ***158.75

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04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000038464					
1. Entity Name MARCOSCHAMER GROUP, INC.					
Principal Place of Business 2000 ISLAND BLVD. SUITE 1910 WILLIAMS ISLAND, FL 33160			Mailing Address 2000 ISLAND BLVD. SUITE 1910 WILLIAMS ISLAND, FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0914360	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARCOSCHAMER, SAMUEL M 2000 ISLAND BLVD. SUITE 1910 WILLIAMS ISLAND, FL 33160			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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCOSCHAMER, SAMUEL M		NAME		
STREET ADDRESS	2000 ISLAND BLVD. SUITE 1910		STREET ADDRESS		
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160		CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCOSCHAMER, HELEN		NAME		
STREET ADDRESS	2000 ISLAND BLVD. SUITE 1910		STREET ADDRESS		
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160		CITY-ST-ZIP		
TITLE	M/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCOSCHAMER, YAIR		NAME		
STREET ADDRESS	2000 ISLAND BLVD. SUITE 1910		STREET ADDRESS		
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160		CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCOSCHAMER, JONATHAN		NAME		
STREET ADDRESS	2000 ISLAND BLVD. SUITE 1910		STREET ADDRESS		
CITY-ST-ZIP	WILLIAMS ISLAND, FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> SAMUEL MARCOSCHAMER			APRIL 29, 2005 (305) 4665711		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		