

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038464

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: MARCOSCHAMER GROUP, INC.

**Current Principal Place of Business:**

6000 ISLAND BLVD.  
APT. 1205  
AVENTURA, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

6000 ISLAND BLVD.  
APT. 1205  
AVENTURA, FL 33160 US

**New Mailing Address:**

FEI Number: 65-0914360      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARCOSCHAMER, SAMUEL M  
6000 ISLAND BLVD.  
APT. 1205  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: MARCOSCHAMER, SAMUEL M  
Address: 6000 ISLAND BLVD. APT. 1205  
City-St-Zip: AVENTURA, FL 33160 US

Title: S/D ( ) Delete  
Name: MARCOSCHAMER, HELEN  
Address: 6000 ISLAND BLVD. APT. 1205  
City-St-Zip: AVENTURA, FL 33160 US

Title: M/D ( ) Delete  
Name: MARCOSCHAMER, YAIR  
Address: 6000 ISLAND BLVD. APT. 1205  
City-St-Zip: AVENTURA, FL 33160 US

Title: T/D ( ) Delete  
Name: MARCOSCHAMER, JONATHAN  
Address: 6000 ISLAND BLVD. APT. 1205  
City-St-Zip: AVENTURA, FL 33160 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL M. MARCOSCHAMER

P/D

01/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date