2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042965

Address:

City-St-Zip:

Entity Name: DON MARCOS TRADING CO.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
140 ROYA	L PALM WAY, CH, FL 33480	#202	·	
Current Mailing Address:			New Mailing Address:	
	NL PALM WAY, ACH, FL 33480			
FEI Number	: 65-0921319	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
140 ROYA PALM BEA The above		#202) US	purpose of changing its register	ed office or registered agent, or both
in the State	e of Florida.			
SIGNATU		is Oissanting of Demistrated Ass		Dete
Election Co.		ic Signature of Registered Ag Trust Fund Contribution ().	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	SHANNON, EAF	LM WAY, SUITE 202	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	HUDSON, STEN 1850 SE 17TH	Delete /EN W STREET, SUITE 300 DALE, FL 33316	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BODENWEBER 1850 SE 17TH	Delete R, SCOTT W STREET, SUITE 300 DALE, FL 33316	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WRIGHT, PETE 1850 SE 17TH	Delete ER W STREET, SUITE 300 DALE, FL 33316	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	D () MARK, TUPPER	Delete R E	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: EARL T. SHANNON PD 04/09/2009

140 ROYAL PALM WAY, SUITE 202

PALM BEACH, FL 33480