
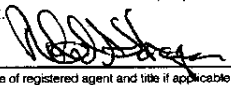



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90021 039 \*\*\*150.00

<b>DOCUMENT # P99000081763</b> 1. Entity Name <b>MARPRO SERVICES, INC.</b>					
Principal Place of Business <b>9 SW 13TH ST. FORT LAUDERDALE, FL 33315</b>			Mailing Address <b>1350 RIVERREACH DR 501 FORT LAUDERDALE, FL 33315</b>		
2. Principal Place of Business <b>1350 RIVER REACH DR</b> Suite, Apt. #, etc. <b>#501</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>FORT LAUDERDALE, FL</b>		City & State		4. FEI Number <b>65-0948023</b>	
Zip <b>33315</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHNSON, SEAN 9 SW 13TH ST. FORT LAUDERDALE, FL 33315</b>			7. Name and Address of New Registered Agent Name <b>ROBERT A. SCHAPER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1350 RIVER REACH DR #501</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33315</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  <b>ROBERT A. SCHAPER, PD</b> <b>JAN 26, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAPER, ROBERT A 9 SW 13TH ST. FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1350 RIVER REACH DR #501</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEAN, NANCY J 9 SW 13TH ST. FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1350 RIVER REACH DR #501</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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.					
<b>SIGNATURE:</b>  <b>ROBERT A. SCHAPER, PD</b> <b>Jan 26, 2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					