


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90014 042 ***150.00

DOCUMENT # P99000110211	
1. Entity Name MARFISH, INC.	

Principal Place of Business 649 NW 97TH PLACE MIAMI FL 33172	Mailing Address 649 NW 97TH PLACE MIAMI FL 33172
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2. Principal Place of Business - No P.O. Box # 1375 NW 89 CT.	3. Mailing Address 1375 NW 89 CT.
Suite, Apt. #, etc. STE. 2	Suite, Apt. #, etc. STE. 2
City & State DORAL, FL	City & State DORAL, FL
Zip 33172	Country U.S.A.

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0979315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMEO, NESTOR 649 NW 97TH PLACE MIAMI FL 33172	
7. Name and Address of New Registered Agent Name ROMEO, NESTOR J. Street Address (P.O. Box Number is Not Acceptable) 6643 NW 107 PL. City DORAL FL Zip Code 33178	

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 *Nestor Romeo* **NESTOR ROMEO (PRESIDENT)** **04/02/07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ROMEO, NESTOR J 649 NW 97TH PLACE MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ROMEO, NESTOR J. 6643 NW 107 PL DORAL, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ETAYO, ALEJANDRO 235-82ND ST., APT. #A MIAMI BEACH FL 33141 <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
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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 exemptions contained in Section 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: *Nestor Romeo* **NESTOR J. ROMEO** **04/02/07** (305) 477-1407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #