


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S00294</b> 1. Entity Name <b>MARBRAD, INC.</b>	
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Principal Place of Business <b>930 WASHINGTON AVE. MIAMI BEACH, FL 33139</b>	Mailing Address <b>930 WASHINGTON AVE. MIAMI BEACH, FL 33139</b>
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02242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0217041</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>KRASSNER, BRAD L. 930 WASHINGTON AVE. 5TH FLOOR MIAMI BEACH, FL 33139</b>
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KRASSNER, BRAD 2040 N. BAY ROAD MIAMI BCH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARSH, JOSEPH B 605 SURFSIDE DR AKRON, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GROSS, SAUL K 1125 WASHINGTON AVE MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/11/06-80018-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Saul Gross, Sec. **02/24/06 305-532-7368**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #