## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 19, 2007 08:00 All Secretary of State DOCUMENT # \$38488 1. Entity Namo MARVEX INTERNATIONAL, INC. Principal Place of Business Mailing Addross 2735 LINCOLN ST. HOLLYWOOD FL 33020 2735 LINCOLN ST. HOLLYWOOD FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 65-0262545 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRALEY & OTTO, P.A. Street Address (P.O. Box Number is Not Acceptable) 2699 STIRLING ROAD SUITE C-207 FT. LAUDERDALE FL 33312 Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change Addition TILLE HATEGAN, CORNELIU M NAME NAME 2735 LINCOLN ST. STRUCT ADDRESS STREET ADDRESS U00000672691 HOLLYWOOD FL 33020 CHY-ST-ZIP CITY-ST-ZIP 03/28/07-80080-007 150.00 TITLE TiTLF ☐ Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY+SI-7IP CHY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP TITLE Delete IIILE Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

12. I hereby certify that the information supplied with this filing does not qualify for the exomptions contained in Section 119. Florida Statutes. I further certify that the information

03/16/07 954-920-7938 Described Place

FILED