200 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V32514

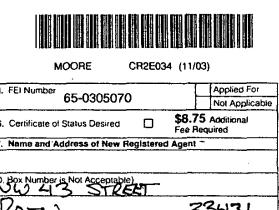
1. Entity Name

MARSAT SERVICES, INCORPORATED



FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90309 005 ***150.00



					Į	600 MS								
Principal Plac	e of Business		Mailing Ac	ddress										
103 N.W. 43RD STREET 3OCA RATON FL 33431 JS				103 N.W. 43RD STREET BOCA RATON FL 33431							•	JU	' V 4	6113
. Principal P	lace of Busine	55	3. Mailing	Address										
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Suite. Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)						
City & State			Crty & S	Crty & State				4. FEI Nur	nber 65-0	305070				ied For Applicable
Zip		Country	Zip		Coun	try		5. Certific	ate of Status	Desired		\$8.75 Fee Req	Addit	
	6. Name a	nd Address of Curr	ent Registered A	gent	·	<u> </u>	1	7. Name a	ind Address	of New Re	gistered			
						Name								
ZIRZOW, MARK C _945_TROPIC BEVD DELRAY BEACH FL 33483							Street Address (P.O. Box Number is Not Acceptable)							
~ ∪ €€	HAY BEA	5HTL 33403 -		•		R	AXX	PAT	a 1			ズ	341	31
						City	<u>, </u>	•••			FL	Zip	Code	<u> </u>
	named entity	submits this stateme	nt for the purpose	of changing its	registen	ed office or	registere	ed agent, or	both, in the	State of Flor	ida. I am	familiar v	vith, a	nd accept
-	•	<i>;</i> :												
SIGNATURE	Signature, typed or	printed name of registered a	agent and side if applicab	le (NOT	E. Flegistere	d Agent signati	ure required	when roustaining	,	·	DATE			
1	ILE NOW!!!	FEE IS \$150.00	100				· · · · · · · · · · · · · · · · · · ·						····	
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of			.00					9.	Election Car Trust Fund (May Be o Fees
10.	Tita a Tita New York	OFFICERS A	ND DIRECTORS		11.			ADDITION	NS/CHANGE	S TO OFFI	CERS ANI	DIRECT	ORS	N 11
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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 Strue 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 of fusive amy owned 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 preddress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

117Y-ST-ZIP