

2005 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

Principal Place of Business

103 N.W. 43RD STREET
BOCA RATON FL 33431
US

Mailing Address

103 N.W. 43RD STREET
BOCA RATON FL 33431
US

00046713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)



4. FEI Number 65-0305070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIRZOW, MARK C

~~945 TROPIC BLVD~~

~~DELRAY BEACH FL 33483~~

Name

Street Address (P.O. Box Number is Not Acceptable)

103 NW 43 STREET

BOCA RATON

334131

City

FL

Zip Code

3. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004, 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	DP ZIRZOW, MARK C. 945 TROPIC BLVD DELRAY BEACH FL 33483	<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	DS ZIRZOW, SUSAN B. 945 TROPIC BLVD DELRAY BEACH FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

[Signature]

MARK C. ZIRZOW

4/16/2005 52139-0911