


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # V48166 1. Entity Name MARWAN ENTERPRISES, INC.		
Principal Place of Business MARWAN AUTO SERVICE 405 TAMIAMI TRAIL N RUSKIN, FL 33570	Mailing Address DAVIS ACCOUNTING 5111 NEBRASKA AVE TAMPA, FL 33603	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 01032007 No Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> 4. FEI Number 59-3137604 </div> <div style="width: 25%; text-align: right;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 25%; text-align: right;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent <div style="display: flex;"> <div style="flex: 1; padding: 5px;"> TAOUIL, MARWAN 6527 KING PALM WAY APOLLO BEACH, FL 33572 </div> <div style="flex: 1; text-align: center; padding: 20px;"> DO NOT WRITE IN THIS SPACE </div> </div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div style="width: 30%; text-align: right;"> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	TAOUIL, MARWAN	
STREET ADDRESS	6527 KING PALM WAY	
CITY - ST - ZIP	APOLLO BEACH, FL 33572	
TITLE	S	
NAME	TAQUIL, IBTISSAM	
STREET ADDRESS	6527 KING PALM WAY	
CITY - ST - ZIP	APOLLO BEACH, FL 33572	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
<div style="text-align: right; padding-right: 50px;"> DO NOT WRITE IN THIS SPACE </div>		
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: <u>Marwan Taouil</u> Date: <u>1-17-07</u> (63)641-7260 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		