


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90494 001 ***300.00

DOCUMENT # F47698
 1. Entity Name
 MARIANNA AUTOMOBILES, INC.



Principal Place of Business Mailing Address
 2961 PENN AVE POST OFFICE BOX 757
 MARIANNA, FL 32448 US MARIANNA, FL 32447 US

DO NOT WRITE IN THIS SPACE



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-2130638 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 RAHAL, QUEN
 2961 PENN AVE
 MARIANNA, FL 32448

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RAHAL, QUEN
STREET ADDRESS	700 W LAFAYETTE ST
CITY-ST-ZIP	MARIANNA, FL
TITLE	DV
NAME	GARCIA, JORGE
STREET ADDRESS	208 S. PENN AVE.
CITY-ST-ZIP	MARIANNA, FL
TITLE	DS
NAME	RAHAL, ANN
STREET ADDRESS	700 W LAFAYETTE ST
CITY-ST-ZIP	MARIANNA, FL
TITLE	AS
NAME	GRIFFIN DONNA
STREET ADDRESS	20221 NE BURNS AVE
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Donna Griffin* *Donna Griffin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06 850 526 3511
Date Daytime Phone #