


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90302 001 ***300.00

DOCUMENT # F47698 1. Entity Name MARIANNA AUTOMOBILES, INC.	
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Principal Place of Business 2961 PENN AVE MARIANNA, FL 32448 US	Mailing Address POST OFFICE BOX 757 MARIANNA, FL 32447 US
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2130638	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
After May 1, 2007 Fee will be \$550.00

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

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

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IN THIS SPACE**

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* 3-13-07 850-526-3511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #