


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000084341**

1. Entity Name  
**MARCOPOLO OF AMERICA, INC.**



Principal Place of Business 12555 ORANGE DR., STE. 257 DAVIE, FL 33330	Mailing Address 12555 ORANGE DR., STE. 257 DAVIE, FL 33330
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**DO NOT WRITE IN THIS SPACE**



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1133512	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
 1500 MIAMI CENTER  
 201 S. BISCAYNE BLVD.  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

6. 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 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	D DE LA ROSA, JOSE RUBENS AV. MARCOPOLO, 280 BAIRRO PLANALTO CAXIAN DO SUL, RS-BRAZIL, 95086200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLINI, JAMES EDUARDO AV. MARCOPOLO, 280 BAIRRO PLANALTO CAXIAN DO SUL, RS-BRAZIL, 95086200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIGNANI, CARLOS AV. MARCOPOLO, 280 BAIRRO PLANALTO CAXIAN DO SUL, RS-BRAZIL, 95086200
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 16/2004 (159)8621426  
Date Daytime Phone #