


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000011264**  
1. Entity Name  
**MARCOS BUSTAMANTE, INC.**



Principal Place of Business  
**3151 AUTUMNWOOD TRAIL  
APOPKA, FL 32703**

Mailing Address  
**3151 AUTUMNWOOD TRAIL  
APOPKA, FL 32703**

**DO NOT WRITE IN THIS SPACE**



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**54-2140023**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**BUSTAMANTE, MARCOS  
3151 AUTUMNWOOD TRAIL  
APOPKA, FL 32703**

**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 \_\_\_\_\_  
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  
Due by September 14, 2007**

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	P BUSTAMANTE, MARCOS 3151 AUTUMNWOOD TRAIL APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUSTAMANTE, DENISE 3151 AUTUMNWOOD TRAIL APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BUSTAMANTE, DENISE 3151 AUTUMNWOOD TRAIL APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BUSTAMANTE, MARCOS 3151 AUTUMNWOOD TRAIL APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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09/14/07-80001-002 150.00

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9/11/07** Daytime Phone #: **407 466 3533**