

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90414 036 ***150.00

DOCUMENT # P02000075608

1. Entity Name
MARVALLE, CORP



Principal Place of Business
**13625 BISCAYNE BLVD
MIAMI, FL 33181**

Mailing Address
**1510 ALTON ROAD
MIAMI BEACH, FL 33139**

J4U8U18Z



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

55-0789543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARULANDA, JUAN G MR
8951 HAWTHORN AVE
MIAMI BEACH, FL 33154**

Name

Street Address (P.O. Box Number is Not Acceptable)

5261 LA GORCE DR

City

MIAMI BEACH

FL

Zip Code

33140

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MARULANDA, MILDRED MRS**
STREET ADDRESS **8951 HAWTHORN**
CITY-ST-ZIP **MIAMI BEACH, FL 33154**

TITLE ☒ Change ☐ Addition
NAME **5261 LA GORCE DR**
STREET ADDRESS **MIAMI BEACH, FL 33140**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **MARULANDA, JUAN G MR**
STREET ADDRESS **8951 HAWTHORN**
CITY-ST-ZIP **MIAMI BEACH, FL 33154**

TITLE ☒ Change ☐ Addition
NAME **5261 LA GORCE DR**
STREET ADDRESS **MIAMI BEACH, FL 33140**
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

04/29/04

Date

Daytime Phone #