

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000006811

**Entity Name:** MARSEILLE MANAGEMENT LTD. CO.**Current Principal Place of Business:**2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134**Current Mailing Address:**2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US**FEI Number:** 06-1650606**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONSULTING SERVICES OF SOUTH FLORIDA  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	TREASURER, DIRECTOR
Name	FERNANDEZ DE CASTRO, SARITA ELENA
Address	CARR. 57, NO. 78-21, PISO 10
City-State-Zip:	BARRANQUILLA

Title	PRESIDENT, DIRECTOR
Name	FERNANDEZ DE CASTRO, MARIA LUISA
Address	CALLE 78, NO. 57-78, PISO 2
City-State-Zip:	BARRANQUILLA

Title	SECRETARY, DIRECTOR
Name	FERNANDEZ DE CASTRO, MARIA ISABEL
Address	CARR. 56, NO. 79-69, PISO 6
City-State-Zip:	BARRANQUILLA

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FERNANDEZ DE CASTRO , SARITA ELENA

TREASURER, DIRECTOR 03/18/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date