2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 410185

1. Entity Name
MARCEL'S PORTION PAK, INC.

Principal Place of Business
4111-B N.W. 132 STREET
OPA LOCKA, FL 33054

Mailing Address
4111-B N.W. 132 STREET
OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1533424

Applied For
Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WENCESLAO, M., CARMENATE
4111-B NW 132 ST
OPA LOCKA, FL 33054

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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, 2007 Fee will be $550.00

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

U00000580060
01/10/07-80032-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARMENATE, WENCESLAO M
STREET ADDRESS	4111-B NW 132 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	ST
NAME	CARMENATE, EVA M
STREET ADDRESS	4111-B NW 132 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	VP
NAME	CARMENATE, JESUS
STREET ADDRESS	4111-B NW 132 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: ____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07
Date

305-687-8015
Daytime Phone #