2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 05, 2007 08:00 AM Secretary of State

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1. Entity Name

MARCO FORWARDING CO.



Principal Place of Business

14204 SW 62 ST MIAMI, FL 33183 US Mailing Address

14204 SW 62 ST

MIAMI, FL 33183 US



01102007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1507578

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALO R. DORTA, P.A. 1401 BRICKELL AVENUE SUITE 650 MIAMI, FL 33131

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The above the obligat	named entity submits this statement for the prices of registered agent.	urpose of changing its re	egistered offic	e or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little if	applicable (NOTE:	Registered Agent si	gnature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		•	··· • ····· -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP SAINZ, MARCO A., SR. 1320 ALHAMBRA CIRCLE CORAL GABLES, FL 33134					U00000620492
TITLE NAME STREET ADDRESS CITY-ST-ZIP						02/09/07-80039-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TI7LE Name Street address City-St-Zip					IN	THIS SPACE
IIILE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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 reports the 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 tuylee 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 a waddryss, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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