

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 485814

1. Entity Name
MARBO MACHINERY, INC.



Principal Place of Business
**3780 N.W. 52ND STREET
MIAMI, FL 33142**

Mailing Address
**9010 SW 137TH AVE
SUITE 113
MIAMI, FL 33186 US**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1730385

Applied For
Not Applicable

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

WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DARLOW, ROBERT
3780 N.W. 52ND STREET
MIAMI, FL 33142**

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
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

TITLE	P
NAME	DARLOW, ROBERT C
STREET ADDRESS	11121 SW 121 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	DARLOW, MARTIN J
STREET ADDRESS	10900 SW 83RD RD.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000149137
05/03/04-80175-002 150.00

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

Date

Daytime Phone #