

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90047 042 ***150.00

DOCUMENT # 529493

1. Entity Name

MARVITEC EXPORT CORP.



Principal Place of Business

1475 NORTHWEST 97 AVENUE
MIAMI FL 33172

Mailing Address

1475 NORTHWEST 97 AVENUE
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1728505**

Applied For

Not Applicable

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

RUEDA, JOSE LUIS
12901 S. W. 84TH ST.
MIAMI FL 33183

Name

SAME

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

9670 N.W. 45 LANE (change address only)

City
DORAL

FL

Zip Code
33178

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **RUEDA, JOSE LUIS**
STREET ADDRESS **12901 S. W. 84TH ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **ST** ☐ Delete
NAME **RUEDA, AIXA C.**
STREET ADDRESS **12901 SW 84 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME** ☒ Change ☐ Addition
NAME
STREET ADDRESS **9670 N.W. 45 LANE (Address only)**
CITY-ST-ZIP **DORAL, FLORIDA 33178**

TITLE **SAME** ☒ Change ☐ Addition
NAME
STREET ADDRESS **9670 N.W. 45 LANE (Address only)**
CITY-ST-ZIP **DORAL, FLORIDA 33178**

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

Jose L. Rueda - 02/24/04 305-593-1475

Date

Daytime Phone #