


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90045 039 \*\*\*150.00

<b>DOCUMENT # F02000002003</b> 1. Entity Name <b>MARQUIS INTERNATIONAL, INCORPORATED</b>					
Principal Place of Business <b>2137 N. COUTENAY PKWY. #29 MERRITT ISLAND FL 32953</b>			Mailing Address <b>2137 N. COUTENAY PKWY. #29 MERRITT ISLAND FL 32953</b>		
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 <b>59-3137731</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DALESANDRO, THOMAS 2137 N. COUTENAY PKWY. #29 MERRITT ISLAND FL 32953</b>			Name <b>VALDECI DALESANDRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2137 N. COURTENAY PKWAY #29</b> City <b>MERRITT ISLAND</b> <b>FL</b> Zip Code <b>32953</b>		
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 <i>Valden F Dalesandro</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>Feb 11 2004</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GALHASSO, WALTER GUERRA</b>		NAME		
STREET ADDRESS	<b>2137 N. COUTENAY PKWY. #29</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PERRI, ELIZABETH</b>		NAME		
STREET ADDRESS	<b>2137 N. COUTENAY PKWY. #29</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>		CITY-ST-ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DALESANDRO, THOMAS</b>		NAME		
STREET ADDRESS	<b>2137 N. COUTENAY PKWY. #29</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DALESANDRO, VALDECI</b>		NAME	<b>DALESANDRO, VALDECI</b>	
STREET ADDRESS	<b>2137 N. COUTENAY PKWY. #29</b>		STREET ADDRESS	<b>2137 N. COURTENAY PKWAY #29</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>		CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32953</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>V. PRESIDENT</b>	
STREET ADDRESS			STREET ADDRESS	<b>GIANFRANCO CASALINVOVO</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>2136 GREEN WILLOWS VINELAND, NJ 08360</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Valden F Dalesandro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>Feb 11 2004</i> <i>3214532716</i> <small>Daytime Phone #</small>		