

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F20372

1. Entity Name
CONRAD MARRERO & ASSOCIATES, INC.



**FILED
Feb 14, 2005 8:00 am
Secretary of State**

02-14-2005 90050 045 ***158.75

Principal Place of Business
**5338 LAKE UNDERHILL RD.
P.O. BOX 574706
ORLANDO, FL 32807 US**

Mailing Address

**5338 LAKE UNDERHILL RD.
P O BOX 574706
ORLANDO, FL 32807 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number 59-2064837	Applied For
	Not Applicable

Zip

Zip

Country

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

6. Name and Address of Current Registered Agent

**MARRERO, CONRAD
4713 WAYFARER PLACE
ORLANDO, FL 32807-1658**

Name

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

City

FL Zip Code

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 is required when changing agent)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **V** NAME: **MARRERO, CONRAD**
STREET ADDRESS: **5332 LAKE UNDERHILL RD**
CITY-ST-ZIP: **ORLANDO, FL**

Delete

Change Addition

TITLE: **PTD** NAME: **MARRERO-MUNI, MAYULY**
STREET ADDRESS: **508 ADIRONDACK AVE**
CITY-ST-ZIP: **ORLANDO, FL**

Delete

Change Addition

TITLE: NAME:
STREET ADDRESS:
CITY-ST-ZIP:

Delete

Change Addition

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: *Conrad Marrero* Conrad Marrero 02/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-282-5802 Date 02/10/05 Daytime Phone #