


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L87174 1. Entity Name MARQUEZ PRODUCTIONS, INC.	
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Principal Place of Business 2920 SW 96TH AVE 2920 SOUTHWEST 96TH AVENUE MIAMI, FL 33165 US	Mailing Address 2920 SW 96TH AVE 2920 SOUTHWEST 96TH AVENUE MIAMI, FL 33165 US
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04092005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0237501 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARQUEZ, JUAN R.
2920 SOUTHWEST 96TH AVENUE
MIAMI, FL 33165

**DO NOT 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 reappointing)

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

U000000344296
04/29/05-80130-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARQUEZ, JUAN R.
STREET ADDRESS	2920 SOUTHWEST 96TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	MARQUEZ, MIRTHA A.
STREET ADDRESS	2920 SOUTHWEST 96TH AVE.
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	

**DO NOT WRITE
IN THIS SPACE**

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 #

04/25/05 (305)225-4010