

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90037 031 \*\*\*150.00

**DOCUMENT # P00000037598**

1. Entity Name  
**MARICA TRUCKING, INC.**



Principal Place of Business  
**5741 RIVERSIDE DRIVE  
#201  
CORAL SPRINGS, FL 33067**

Mailing Address  
**8713 NW 6 COURT  
CORAL SPRINGS, FL 33071**



2. Principal Place of Business  
**6615 NW 48 Manor**  
Suite, Apt. #, etc.

3. Mailing Address  
**6615 NW 48 Manor**  
Suite, Apt. #, etc.

04072004 Chg-P CR2E034 (10/03)

City & State  
**Coral Springs FL**  
Zip  
**33067**  
Country  
**Broward**

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**Coral Springs FL**  
Zip  
**33067**  
Country  
**Broward**

4. FEI Number  
**65-1002482**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**AQUART, ERICA C  
8713 NW 6 COURT  
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent

Name  
**AQUART, ERICA C**  
Street Address (P.O. Box Number is Not Acceptable)  
**6615 NW 48 Manor**  
City  
**Coral Springs** **FL** Zip Code  
**33067**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to 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

**4/2/04**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD AQUART, ERICA C 8713 NW 6 COURT CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERKINS, MARLON G 8713 NW 6 COURT CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AQUART, ERICA C 6615 NW 48 Manor Coral Springs FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Perkins, Marlon G 6615 NW 48 Manor Coral Springs, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/04 954 341-1667**  
Date Daytime Phone #