

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90011 049 ***150.00

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1. Entity Name
MARICA TRUCKING, INC.



Principal Place of Business
6615 NW 48 MANOR
#201
CORAL SPRINGS, FL 33067

Mailing Address
6615 NW 48 MANOR
#201
CORAL SPRINGS, FL 33067

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

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



01102005 Chg-P CR2E034 (10/03)

City & State
Coral Springs FL
Zip 33067 **Country** U.S.A

City & State
Coral Springs, FL
Zip 33067 **Country** U.S.A

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
6615 NW 48 MANOR
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

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 required when reinstating)

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

TITLE PD ☐ Delete
NAME AQUART, ERICA C
STREET ADDRESS 6615 NW 48 MANOR
CITY-ST-ZIP POMPANO BEACH, FL 33067

TITLE VD ☐ Delete
NAME PERKINS, MARLON G
STREET ADDRESS 6615 NW MANOR
CITY-ST-ZIP CORAL SPRINGS, FL 33071

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 officers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERICA AQUART PD

1/10/05

954.341-1667

Date

Daytime Phone #