

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90095 032 ***150.00

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1. Entity Name
MARCAS INVESTMENTS, CORP.



Principal Place of Business
**19294 SKY RIDGE CIRCLE
BOCA RATON, FL 33489**

Mailing Address
**19294 SKY RIDGE CIRCLE
BOCA RATON, FL 33489**

50033669



2. Principal Place of Business
1155 BRICKELL BAY DR.

3. Mailing Address
1155 BRICKELL BAY DR.

Suite, Apt. #, etc.
1807

Suite, Apt. #, etc.
1807

03302005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1012215

Applied For
Not Applicable

Zip
33131

Country

Zip
33131

Country

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

6. Name and Address of Current Registered Agent

**RINCON, MARTA
19294 SKY RIDGE CIRCLE
BOCA RATON, FL 33489**

7. Name and Address of New Registered Agent

Name
RINCON, MARTA
Street Address (P.O. Box Number is Not Acceptable)
1155 BRICKELL BAY DR., # 1807
City **MIAMI** FL Zip Code **33131**

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 *Mark E de R...*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

April 1st/05
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	PTD	<input type="checkbox"/> Delete
NAME	DE CASTRO, MARTA RINCON	
STREET ADDRESS	19294 SKY RIDGE CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33489	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	CASTRO, FERNANDO	
STREET ADDRESS	19294 SKY RIDGE CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33489	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CASTRO, MARTA RINCON	
STREET ADDRESS	1155 BRICKELL BAY DR., # 1807	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO FERNANDO	
STREET ADDRESS	1155 BRICKELL BAY DR. # 1807	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Mark E de R...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1st/05
Date

Daytime Phone #