


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000063203

1. Entity Name
MARCA USA INC.



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FILED
04 OCT 18 PM 12:45
SECRETARY OF STATE

Principal Place of Business Mailing Address

**3001 S OCEAN DR
6-0
HOLLYWOOD, FL 33019**

**3001 S OCEAN DR
6-0
HOLLYWOOD, FL 33019**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 4342

Suite, Apt. #, etc.
P.O. Box 4342

City & State
HALLANDALE, FLA.

City & State
HALLANDALE, FLA.

Zip Country Zip Country
33008 Broward 33008 Broward

10062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0712648

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CARPEL, RUTH
3001 S OCEAN DR
6-0
HOLLYWOOD, FL 33019**

7. Name and Address of New Registered Agent

Name
Andres MARTINEZ

Street Address (P.O. Box Number is Not Acceptable);
600 three island Blvd #1114

City State Zip Code
HALLANDALE FL 33009

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:  **President** DATE: **10/11/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	CARPEL, RUTH	3001 S OCEAN DR	HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Andres MARTINEZ	600 three island Blvd #1114	HALLANDALE, Florida 33009	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		800041951708	10/18/04--01097--002 **\$1.25	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **President** DATE: **10/11/04** **805-807-9436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #