

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90333 029 ***150.00

DOCUMENT # P01000011860

1. Entity Name
MARK2510 INC.



Principal Place of Business
**3440 HOLLYWOOD BLVD.
SUITE 360
HOLLYWOOD, FL 33021**

Mailing Address
**3440 HOLLYWOOD BLVD.
SUITE 360
HOLLYWOOD, FL 33021**

14001422



2. Principal Place of Business

**18851 NE 29th Ave
Suite, Apt. #, etc.
900**

3. Mailing Address

**18851 NE 29th Ave
Suite, Apt. #, etc.
900**

01282004 Chg-P CR2E034 (10/03)

City & State

Aventura - FL

City & State

Aventura - FL

4. FEI Number

65-1074458

Applied For
Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROUSSO, MARK E ESQ.
3440 HOLLYWOOD BLVD.
SUITE 360
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **Roussio, Mark E**

Street Address (P.O. Box Number is Not Acceptable)

18851 NE 29th Ave # 900

City **Aventura**

FL

33180

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

Mark Roussio

04/06/04

**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 **PTD** ☐ Delete
NAME **LIBREROS, ALVARO**
STREET ADDRESS **1155 BRICKELL BAY DRIVE, UNIT 2510**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **VSD** ☐ Delete
NAME **ROTHENBACH, IRMGART**
STREET ADDRESS **1155 BRICKELL BAY DRIVE, UNIT 2510**
CITY-ST-ZIP **MIAMI, FL 33131**

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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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:

ALVARO LIBREROS

3/21/04

786-552-0247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #