

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90291 016 ***150.00

DOCUMENT # P01000012060

1. Entity Name
MARSHFIELD PROPERTIES, INC.



Principal Place of Business

100 S.E. 2ND STREET
SUITE #3920
MIAMI, FL 33131 US

Mailing Address

C/O COLLINS 100 S.E. 2ND STREET
SUITE 3920
MIAMI, FL 33131

2. Principal Place of Business

2 South Biscayne Blvd.

3. Mailing Address

2 South Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2630

Suite, Apt. #, etc.

Suite 2630

City & State

Miami, FL

City & State

MIAMI, FL

Zip

33131

Country

US

Zip

33131

Country

US

02102004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1076211

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, CHRISTINA
1100 WEST AVENUE
SUITE 526
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: Unlimited Source Marketing Company
Street Address (P.O. Box Number is Not Acceptable):
2 South Biscayne Blvd
Suite 2630
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: Christina Collins Pres.

4-22-04

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, 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: SD
NAME: COLLINS, CHRISTINA
STREET ADDRESS: 100 S. E. 2ND STREET SUITE 3920
CITY-ST-ZIP: MIAMI, FL 33131

☒ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P.M.T. S.D.
NAME: ILONA NADJ
STREET ADDRESS: SZABADSAG U. 54
CITY-ST-ZIP: BUDAPEST, H-1028 HUNGARY

☐ Change

☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

☐ Change

☐ 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:

Ilona Nadj

ILONA NADJ 04/05/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #