


#150

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

DOCUMENT # P01000081738

1. Entity Name
MARNES TEQUESTA, INC.



Principal Place of Business Mailing Address

C/O RAFAEL SANCHEZ-ABALLI, ESQ.
1101 BRICKELL AVENUE SUITE 1400
MIAMI, FL 33131

C/O RAFAEL SANCHEZ-ABALLI, ESQ.
1101 BRICKELL AVENUE SUITE 1400
MIAMI, FL 33131

2. Principal Place of Business 3. Mailing Address

1401 BRICKELL AVE. **1401 BRICKELL AVE.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


825 **825**

City & State City & State

Miami, Florida **Miami, Florida**

Zip Country Zip Country

33131 **USA** **33131** **USA**



01162004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

4. FEI Number
65-1135201

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

6. Name and Address of Current Registered Agent

SANCHEZ-ABALLI, RAFAEL ESQ
1101 BRICKELL AVENUE SUITE 1400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

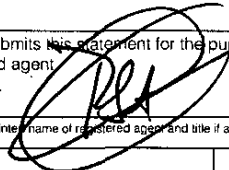
Name **SANCHEZ-ABALLI, RAFAEL**

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

1401 BRICKELL AVE., STE 825

City **Miami** State **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:  DATE: **4/29/04**

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

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

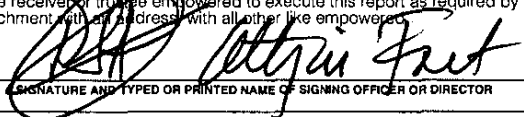
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EIJO, NESTOR E	
STREET ADDRESS	1101 BRICKELL AVE., STE 1400	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EIJO, MARIA ANGELICA	
STREET ADDRESS	1101 BRICKELL AVE., STE 1400	
CITY-ST-ZIP	MIAMI, FL 33131	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIJO, NESTOR E.	
STREET ADDRESS	1401 BRICKELL AVE., STE. 825	
CITY-ST-ZIP	MIAMI, FLORIDA 33131	
TITLE	UPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EIJO, MARIA ANGELICA	
STREET ADDRESS	1401 BRICKELL AVE., STE. 825	
CITY-ST-ZIP	MIAMI, FLORIDA 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 empowerments.

SIGNATURE:  DATE: **4/29/04** DAYTIME PHONE #: **(305) 373-0320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR