

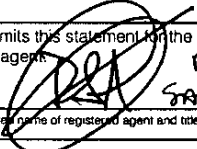
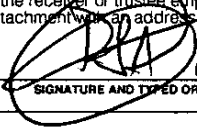


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 10 PM 3:00

<b>DOCUMENT # P01000081738</b> 1. Entity Name <b>MARNES TEQUESTA, INC.</b>		
Principal Place of Business <b>1401 BRICKELL AVE SUITE 825 MIAMI, FL 33131</b>		Mailing Address <b>1401 BRICKELL AVE SUITE 825 MIAMI, FL 33131</b>
2. Principal Place of Business <b>801 BRICKELL AVE. SUITE 2380</b>	3. Mailing Address <b>801 BRICKELL AVE. SUITE 2380</b>	
Suite, Apt. #, etc. <b>SUITE 2380</b>	Suite, Apt. #, etc. <b>SUITE 2380</b>	02082005    Chg-P    CR2E034 (10/03)
City & State <b>MIAMI FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>	4. FEI Number <b>65-1135201</b>
Zip <b>33131</b>	Country <b>USA</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33131</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>SANCHEZ-ABALLI, RAFAEL 1401 BRICKELL AVE SUITE 825 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>TTK SERVICE LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 BRICKELL AVE., STE. 2380</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>
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:  <b>RAFAEL SANCHEZ-ABALLI</b> President		DATE: <b>4.21.05</b>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>EJO, NESTOR E</b> <input type="checkbox"/> Delete <b>1401 BRICKELL AVE STE 825</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>EJO, MARIA ANGELICA</b> <input type="checkbox"/> Delete <b>1401 BRICKELL AVE STE 825</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>700054922477</b> <b>05/20/05--01010--011    **1275.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>RAFAEL SANCHEZ-ABALLI, Attorney</b>		Date: <b>4.21.05</b> Daytime Phone #: <b>305-779-5041</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>IN FACT</b>		