

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -9 AM 10: 23

DOCUMENT # P01000081738 1. Entity Name MARNES TEQUESTA, INC.		
Principal Place of Business 445 GERONA AVE CORAL GABLES, FL 33146 US		Mailing Address 445 GERONA AVE CORAL GABLES, FL 33146 US
2. Principal Place of Business - No P.O. Box # 2506 PONCE DE LEON BLVD		3. Mailing Address 2506 PONCE DE LEON BLVD
Suite, Apt. #, etc. Att: RAFAEL SANCHEZ-ABALLI		Suite, Apt. #, etc. Att: RAFAEL SANCHEZ-ABALLI
City & State CORAL GABLES FL		City & State CORAL GABLES FL
Zip 33134	Country	Zip 33134
Country		Country
4. FEI Number 65-1135201		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RAFAEL J. SANCHEZ-ABALLI, P.A. 445 GERONA AVE CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2506 PONCE DE LEON BLVD City CORAL GABLES FL Zip Code 33134
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EIJO, NESTOR E <input type="checkbox"/> Delete 445 GERONA AVE CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EIJO, MARIA ANGELICA <input type="checkbox"/> Delete 445 GERONA AVE CORAL GABLES, FL 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2506 PONCE DE LEON BLVD CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2506 PONCE DE LEON BLVD CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200129447302 05/14/08--01015--024 **1477.50
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 exemptions contained in Chapter 119, 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  Off in Fact		Date 4.29.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305.779.5041

5/13/08