

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90032 034 ***163.75

DOCUMENT # P01000092530

1. Entity Name

"MARCAND" INTERNATIONAL, CORP.



Principal Place of Business

2647 N. GARDEN DRIVE #106
LAKE WORTH FL 33461

Mailing Address

2647 N. GARDEN DRIVE #106
LAKE WORTH FL 33461

2. Principal Place of Business

2647 N. Garden Dr.

Suite, Apt. #, etc.

#106

3. Mailing Address

2647 N. Garden Dr.

Suite, Apt. #, etc.

#106

City & State

Lake Worth FL.

City & State

Lake Worth FL.

Zip 33461

Country U.S.A.

Zip 33461

Country USA

4. FEI Number

65-1140778

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANDALES, HUMBERTO C
2647 N. GARDEN DRIVE #106
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

Humberto C. Candales

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

2647 N. Garden Dr #106

City

Lake Worth

FL

Zip Code

33461

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

Humberto C. Candales

(NOTE: Registered Agent signature required when reinstating)

3/9/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CANDALES, HUMBERTO C
STREET ADDRESS 2647 N. GARDEN DRIVE #106
CITY-ST-ZIP LAKE WORTH FL 33461

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Humberto C. Candales

3/9/04

Date

561-649-2384

Daytime Phone #