



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90007 021 \*\*\*150.00

<b>DOCUMENT # P01000117621</b>					
<b>1. Entity Name</b> LETICIA J. MARQUES, P.A.					
<b>Principal Place of Business</b> 17 N SUMMERLIN AVE SUITE B ORLANDO, FL 32801			<b>Mailing Address</b> 17 N SUMMERLIN AVE SUITE B ORLANDO, FL 32801		
<b>2. Principal Place of Business</b> 933 LEE ROAD Suite, Apt. #, etc. SUITE 400B City & State ORLANDO, FL Zip 32810		<b>3. Mailing Address</b> 933 LEE ROAD Suite, Apt. #, etc. SUITE 400B City & State ORLANDO, FL Zip 32810			
Country USA		Country USA		02032004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 59-3761433				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> MARQUES, LETICIA J 17 N SUMMERLIN AVE ORLANDO, FL 32801	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code				<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.</b> SIGNATURE: <i>Leticia J. Marques</i> LETICIA J. MARQUES, PRESIDENT    2/3/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUES, LETICIA J 4488 WINDERLAKES DR. ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Leticia J. Marques</i> LETICIA J. MARQUES    2/3/04    407-644-9191 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					