

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

06-17-2004 90002 004 ***150.00
06-21-2004 90001 042 ***150.00
P02000068468

DOCUMENT # P02000068468	
1. Entity Name MARKETING ACTIVITIES, INC.	

FILED

04 JUN 24 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

54058059

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4005 NW 114th Ave.	3. Mailing Address 6420 NW 114th Ave.
State, Apt. #, etc. # 3..	State, Apt. #, etc. # 1305
City & State Miami, Florida	City & State Miami Florida
Zip 33178	Zip 33178
Country DADE.	Country DADE

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

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4. FEI Number 81-0557992	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Carlos Fonseca	
Street Address (P.O. Box Number is not acceptable) 6420 NW 114th Ave. # 1305	
Miami	FL 33178

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: *Edmundo Fonseca*

January 1 - May 1 Fee is \$450.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
OFF NAME STREET ADDRESS CITY-STATE-ZIP	Rafael Romero (Delete) RD.	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
OFF NAME STREET ADDRESS CITY-STATE-ZIP	Carlos Fonseca (CHANGE) RD.	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
OFF NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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OFF NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, and am either the registered agent or an authorized officer or director.

SIGNATURE: *Edmundo Fonseca*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034B (12/02)

Attachment

54052289
P02000068468

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302

May 11, 2004.

Entity name: MARKETING FACILITIES, INC.

Document N°: P02000068468

FEI Number: 81-0557992

Dear Sir or Madam:

I am writing you in order to notify that I never received the first 2003 Uniform Business Report last March; apparently you mailed it to an old address even it was already changed. Therefore, I submitted a \$150 money order expecting to cover the annual fees and a letter explaining the lateness.

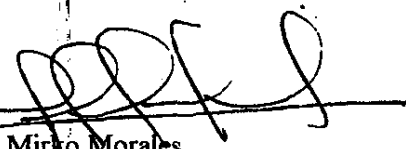
Consequently to this, we received a letter from you and a new Uniform Business Report form to be filled and the money order back; then, Marketing Facilities, Inc. was put as inactive.

Finally, you will find attached the Uniform Business Report form filled and the \$150 money order, covering the annual fees for year 2003 and additional Money Order for \$150 for 2004 Uniform Business Report, expecting to be processed.

Thanks for your cooperation.

I apologize for any inconvenience or misunderstanding occurred.

Sincerely,



Mirko Morales
MARKETING FACILITIES, INC.
POA Representing.