FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

FILED
04 JUN 24 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54058059

DOCUMENT # P02000068468

1. Entity Name
MARKETING FACILITIES, INC.

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 81-0557992 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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.

City: Miami FL Zip: 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: C Edmundo Fonseca II

(Signature, typed or printed name of registered agent and title if applicable) (DATE: Registered Agent signature required when changing) DATE

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rafael Romero (Delete). PD.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carlos fonseca (CHANGE) PD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6/6/24

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 on an attachment with an address, and/or other like empowerment.

SIGNATURE: C Edmundo Fonseca II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)

Attachment
540552289
P02000068468

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSE, 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.