
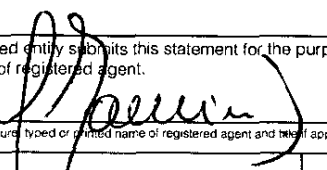
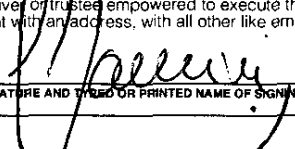


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90009 001 ***150.00

DOCUMENT # P02000116280 1. Entity Name MARKETSPACE CORPORATION					
Principal Place of Business 4801 NW 99TH COURT MIAMI, FL 33178			Mailing Address 4801 NW 99TH COURT MIAMI, FL 33178		
2. Principal Place of Business 4405 N.W. 73 AVE		3. Mailing Address 4405 N.W. 73 AVE			
Suite, Apt. #, etc. SUITE 051-308223		Suite, Apt. #, etc. SUITE 051-308223			
City & State Miami FL.		City & State Miami FL.		4. FEI Number 06-1654697	
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAURIN, FERNANDO 4801 NW 99TH COURT MIAMI, FL 33178				7. Name and Address of New Registered Agent Name FERNANDO MAURIN Street Address (P.O. Box Number is Not Acceptable) 4405 N.W. 73 AVE SUITE 051-308223 City Miami FL Zip Code 33166	
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:  DATE: 05/18/2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			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	D MAURIN, FERNANDO <input type="checkbox"/> Delete 4801 NW 99TH COURT MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDO MAURIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4405 N.W. 73 AVE. STE 051-308223 MIAMI FL 33166	
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	
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	
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	
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	
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	
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: 			05/18/2004 (305)283-6479		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

14022801

TELEPHONE: 305-513-3639
FAX: 305-513-4122

CABANAS & ASSOCIATES, P.A.
ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

MEMBER OF
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

May 18, 2004

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: Marketspace Corporation
Doc# P02000116280

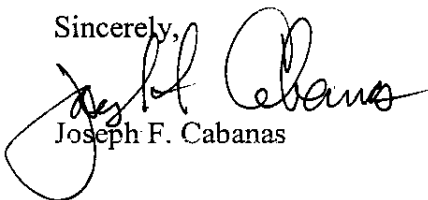
Gentlemen:

We are the accountants for the above taxpayer. Please note that our client never received the original Annual Report since they moved at the end of 2003.

Our client respectfully requests amnesty against any penalties since they moved and never received the Annual Report at their current address. Our client has attached a check for \$150 to cover the filing fee.

Should you have any questions, please do not hesitate to contact me.

Sincerely,


Joseph F. Cabanas