

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90290 022 ***150.00

DOCUMENT # P03000001617

1. Entity Name
LOS MARZ SUPPLY CORP.



Principal Place of Business
**4275 NW 112TH CT.
MIAMI, FL 33178**

Mailing Address
**4275 NW 112TH CT.
MIAMI, FL 33178**



05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALVADOR, YOLANDA
4275 NW 112TH CT.
MIAMI, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARZOCCA, PIETRO 4275 NW 112TH CT. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARZOCCA, CESARE 4275 NW 112TH CT. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARZOCCA, GIOVANNY 4275 NW 112TH CT. MIAMI, FL 33178
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**

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

05/01/05 786-355-9252
Date Daytime Phone #