

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-23-2005 90001 009 \*\*\*150.00

FILED  
P03000005976  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -1 AM 10:42

<b>DOCUMENT # P03000005976</b> 1. Entity Name <b>MARIGOLD MASONRY INSTALLATION, INC.</b>					
Principal Place of Business <b>5954 LINCOLN CIRCLE WEST LAKE WORTH, FL 33463</b>			Mailing Address <b>5954 LINCOLN CIRCLE WEST LAKE WORTH, FL 33463</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>75-3094901</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NOFIL INVESTMENTS, INC. 5280 N.W. 20 TERRACE, HANGER 58 FORT LAUDERDALE, FL 33309</b>			Name <b>NOFIL INVESTMENTS - INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>5379 LYONS RD, PMB 304 COCONUT CREEK FL 33093</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.					
SIGNATURE <u><i>Wife</i></u> <span style="float: right;">6/20/05</span> <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 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, FRANCISCO C		NAME		
STREET ADDRESS	5954 LINCOLN CIRCLE WEST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, MILTON O		NAME		
STREET ADDRESS	5954 LINCOLN CIRCLE WEST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, JOSE L		NAME		
STREET ADDRESS	5954 LINCOLN CIRCLE WEST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNGIA, JOSE S		NAME		
STREET ADDRESS	5954 LINCOLN CIRCLE WEST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNANDEZ, EDUARDO M		NAME		
STREET ADDRESS	5954 LINCOLN CIRCLE WEST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESCOBAR, WILFREDO P		NAME		
STREET ADDRESS	5954 LINCOLN CIRCLE WEST		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Wife</i></u> <span style="float: right;">6/20/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					