

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008787

FILED
May 13, 2005
Secretary of State

Entity Name: MARQUES +CO., INCORPORATED

Current Principal Place of Business:

6615 NERVIA STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

14571 SW 146 PLACE
MIAMI, FL 33186

Current Mailing Address:

6615 NERVIA STREET
CORAL GABLES, FL 33146

New Mailing Address:

14571 SW 146 PLACE
MIAMI, FL 33186

FEI Number: 22-3892566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUES, ALESSANDRA
6615 NERVIA STREET
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

DE MARQUES, E. ALESSANDRA
14571 SW 146 PLACE
MIAMI, FL 33186 US

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.

SIGNATURE: E. ALESSANDRA DE MARQUES

05/13/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARQUES, ALESSANDRA E
Address: 6615 NERVIA STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: T (X) Delete
Name: MARQUES, ELSA
Address: 11930 SW 179 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: M () Delete
Name: MARQUES, ANTONIO B
Address: 11930 SW 179 TERRACE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE MARQUES, E. ALESSANDRA
Address: 14571 SW 146 PLACE
City-St-Zip: MIAMI, FL 33186

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. ALESSANDRA DE MARQUES

PD

05/13/2005

Electronic Signature of Signing Officer or Director

Date