2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2004 8:00 am
Secretary of State
04-21-2004 90073 025 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000059054

1. Entity Name
MARQUESA FENCE, INC.

Principal Place of Business	Mailing Address
4721 SILKRUN COURT ~~TAMPA FL 33567~~ PLANT City FL 33567	4721 SILKRUN COURT ~~TAMPA FL 33567~~ PLANT City FL 33567

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: 56-2353668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANDAR, KENNAN G ESQ. 1715 NORTH WESTSHORE BLVD. SUITE 750 TAMPA FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] DATE 4-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD RAMIREZ, FRANCISCA O 4721 SILKRUN COURT ~~TAMPA~~ FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Ramirez Francisca O. 4721 Silkrun Court Plant City FL 33567	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAMIREZ, GUILLERMO 4721 SILKRUN COURT ~~TAMPA~~ FL 33567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Ramirez Guillermo 4721 Silkrun Court PLANT City FL 33567	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4-16-04 813-754-8198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #