

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90046 007 \*\*\*150.00

**DOCUMENT # P03000059567**

**1. Entity Name**

**MARCOMPNET, INC.**



**Principal Place of Business**  
**5724 NW 73RD AVENUE**  
**TAMARAC FL 33321-6012**

**Mailing Address**  
**5724 NW 73RD AVENUE**  
**TAMARAC FL 33321-6012**

**94042744**



**MOORE CR2E034 (11/03)**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**4. FEI Number**

**06-1697735**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**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**

**GUERRERO, MARIO I**  
**5724 NW 73RD AVENUE**  
**TAMARAC FL 33321-6012**

**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, 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**

**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** **D** ☐ Delete  
**NAME** **GUERRERO, MARIO I**  
**STREET ADDRESS** **5724 NW 73RD AVENUE**  
**CITY-ST-ZIP** **TAMARAC FL 33321-6012**

**TITLE** **D/P/S** ☒ Change ☐ Addition  
**NAME** **GUERRERO, MARIO I.**  
**STREET ADDRESS** **5724 NW 73RD AVENUE**  
**CITY-ST-ZIP** **TAMARAC, FL 33321-6012**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D/N/T** ☒ Change ☒ Addition  
**NAME** **SANDRA STEINBERG**  
**STREET ADDRESS** **5724 N. W. 73RD AVE.**  
**CITY-ST-ZIP** **TAMARAC, FL 33321-6012**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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)(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:** *Mario I. Guerrero* **MARIO I. GUERRERO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/04**

Date

**954-720-9698**  
Daytime Phone #

Attachment  
ID# P03000059567

**MARCOMPNET, INC.**  
5724 NW 73rd Avenue  
Tampa, FL 33621

1042

03-04-2010  
BRANCH 18451

DATE 3/18/04

Pay to the order of **FLORIDA Department of State** \$150.00

On the 18th day of March 2004

For Cash **P03000059567**

**WACHOVIA**  
Wachovia Bank, N.A.  
ACH 987 00000000

FOR **Zachary Scott Long** and **Leah Ann Long**

06700643202000015413758 1042

Check NOT RECEIVED which  
was MAILED



Attachment

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 25, 2004

MARCOMPNET, INC.  
5724 NW 73RD AVENUE  
TAMARAC, FL 33321-6012

Subject: MARCOMPNET, INC.

Reference Number: P03000059567

3/31/04 • Talked to Ruby  
Still not paid  
• Checked Bank - check  
#1042 not cleared  
3/31/04 • Sent 2nd check  
For \$150.00 #1048

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MW  
ANNUAL REPORTS SECTION

