


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90409 001 \*\*\*150.00

<b>DOCUMENT # P03000090343</b>			
1. Entity Name <b>MARCOS BOUTIQUE, CORP.</b>			
Principal Place of Business <b>2010 CORTEZ RD BRADENTON FL 34207</b>		Mailing Address <b>2010 CORTEZ RD BRADENTON FL 34207</b>	
2. Principal Place of Business <i>2010 W Cortez Rd</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Bradenton FL</i>		City & State	
Zip <i>34207</i>	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MARCOS, MAXIMO 4907-B 22 ST W BRADENTON FL 34207</b>		7. Name and Address of New Registered Agent Name <i>Marcos Boutique</i> Street Address (P.O. Box Number is Not Acceptable) <i>2010 W Cortez Rd</i> City <i>Bradenton FL</i> Zip Code <i>34207</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when resigning) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, JEUDYS M 4907-B 22 ST W BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARCOS, MAXIMO 4907-B 22 ST W BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

00411100



MOORE CR2E034 (11/03)

4. FEI Number *562385835* Applied For Not Applicable

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