2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P03000096648 1. Entity Name MARCE TOWING INC					05-03-2004 91027 046 ***150.00				
Principal Place of Business		Mailing Address		7		0.8.0	AAAC		
2057 SW 136 PLACE MIAMI, FL 33175		2057 SW 136 PLACE Miami, Fl. 33175		94082004					
/ // // // // // // // // // // // // /	5175	THIRDWIN, TE GOTT G			1 (10411)	Asıra tun sükir arili sanı	A DICE 1810 - A10	in still arodi iss	(## 41 1 6 P)
2. Principal Place of Business		3. Mailing Address							(4 K)
Suite Apt. #, etc.		Suite, Apt. #, etc.			1 108(100) (1)	anian iiii abiti maki satit		in dini mishi ini	1801 II 1921
Suite, ript. ii, oto.		33,0,7 \$1. 8,000		04232004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State		4. FEI Numbe	-11846	10	———	plied For t Applicable	
Zip Country		Zip Coun		try	5. Certificate	of Status Desired		\$8.75 Add	litional
ļ	6. Name and Address of Current	Registered Agent	L		<u></u>	Address of New Re		ee Required	<u> </u>
		Trograterou Agent		Name	17 yearle and	<u> </u>	gistaida	gun	-
VILAR, JUAN M 2057 SW 136 PLACE				Street Address	(P.O. Box Numbe	er is Not Acceptable)		
MIAMI, FL 33175			ŕ		<u> </u>				
	, 4 ₁			 	····			T =	
A				City			FL	Zip Code	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or regist	ered agent, or bot	th, in the State of Flor	rida. Iam f	amiliar with,	and accept
41×810 4									4
SIGNATURE_ 学情	Signature, typed or printed name of registered agent of	and title if applicable." * (NOT	E: Registere	d Agent signature requir	red when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont	ign Finar tribution.	□¹ Ad	5.00 May Be				, r · · p
10. OFFICERS AND DIRECTORS				ta ta	ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE	(¿PT VILAR, JUAN M	☐ Delete	TITLE	ì				☐ Change	Addition
STREET ADDRESS	2057 SW 136 PLACE			ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33175		CITY	-ST-ZIP					
TITLE NAME	i i	☐ Delete	TITLE NAM	ì				☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	<u> </u>			-ST-ZIP					
TITLE NAME		Delete :	TITLE - NAM	Y				☐ Change	Addition
STREET ADDRESS			•	EET ADDRESS					
CITY-ST-ZIP			-1	-ST-ZIP					
NAME		☐ Delete	TITLE	ŧ				☐ Change	Addition
STREET ADDRESS			STRE	ET ADDRESS					
CITY-SI-ZIP				-ST-ZIP				☐ Change	Addition
TITLE NAME		☐ Delete	TITLE					[Clarige	L) Auditori
STREET ADDRESS	A CONTRACTOR OF THE CONTRACTOR			ET ADDRESS				, .	
CITY-ST-ZIP	\$ 18h x	Dece	· · · · · · · · · · · · · · · · · · ·	-ST-ZIP		 	i., b.,	Change	Addition
NAME NAME	据 (10) (20) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10)	☐ Delete	. TITLI NAM	lE ii.i∮				Change	☐ Addition
STREET ADDRESS		en e		ET ADDRESS	e i ji si Tangan kanasa		•		
CITY-ST-ZIP		A this filing days and available for	GHY	-SI-ZIP"	Cantino +10 07/01/	(i) Elorido Statutos I	further new	df thank than is	-formation

12. I hereby certify that the information supplied with this filling 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 distere 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

y/ 28/0 4 Bos 345277