

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000122964					
1. Entity Name MAR BUILDERS, INC.					
Principal Place of Business 5640 LAKE SHORE VILLAGE CIRCLE LAKE WORTH FL 33463			Mailing Address 5640 LAKE SHORE VILLAGE CIRCLE LAKE WORTH FL 33463		
2. Principal Place of Business SAME AS ABOVE Suite, Apt #, etc.		3. Mailing Address SAME AS ABOVE Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 20-0369565	
Zip		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, MANUEL A PRES. 5640 LAKE SHORE VILLAGE CIRCLE LAKE WORTH FL 33463			7. Name and Address of New Registered Agent Name: N/A 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 <u>MANUEL A. RODRIGUEZ PRES.</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				<u>3-4-05</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$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	PRES RODRIGUEZ, MANUEL A 5640 LAKE SHORE VILLAGE CIRCLE LAKE WORTH FL 33463		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> UUUUUU265176 03/16/05-80044-016 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, DANIA M V. PRES 5640 LAKE SHORE VILLAGE CIRCLE LAKE WORTH FL 33463		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <u>MANUEL A. RODRIGUEZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>3-4-05</u> <small>Date</small>	
(561) 313-2075 <small>Daytime Phone #</small>					