2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State
02-17-2005 90018 011 ***150.00

DOCUMENT # P03000133206

1. Entity Name
MARCWILD, INC.

Principal Place of Business	Mailing Address
1788 WEST 42ND PLACE HIALEAH, FL 33012	1788 WEST 42ND PLACE HIALEAH, FL 33012

02122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9820 NW 80TH Ave	SAME
Suite, Apt. #, etc. Bay #6P	Suite, Apt. #, etc.
City & State Hialeah Gardens	City & State
Zip Fl Country 33016	Zip Country

4. FEI Number 20-1498670 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRENDES, MARCO A
1788 WEST 42ND PLACE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name Marco A. Prendes
Street Address (P.O. Box Number is Not Acceptable) 3699 W 12TH Ave Apt. 61
City Hialeah FL Zip Code 33012

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] 2/12/05
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, 2005 Fee will be $550.00

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	PD PRENDES, MARCO A 1788 WEST 42ND PLACE HIALEAH, FL 33012	☐ Delete	PD Prendes, Marco A 3699 W 12TH Ave Apt. 61 Hialeah, Fl 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PRENDES, WILDE 1788 WEST 42ND PLACE HIALEAH, FL 33012	☐ Delete	3699 W 12TH Ave Apt. 61 Hialeah, Fl 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] President Marco A Prendes 2/12/05 305-557-5945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #