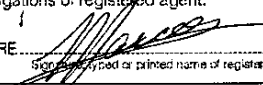
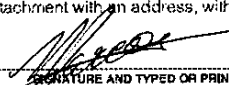


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 1788 WEST 42ND PLACE HIALEAH, FL 33012			Mailing Address 1788 WEST 42ND PLACE HIALEAH, FL 33012		
2. Principal Place of Business 9820 NW 80TH Ave Suite, Apt. #, etc. Bay #6P		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State Hialeah Gardens		City & State		4. FEI Number 20-1498670	
Zip FI	Country 33016	Zip	Country	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  DATE 2/12/05 (NOTE: Registered Agent signature required when reinstating)					
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3699 W 12TH Ave Apt. 61 Hialeah, FL 33012
		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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:  PRESIDENT MARCO A PRENDES 2/12/05 305-557-5945 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					