2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2004 8:00 am Secretary of State

Daytime Phone #

					secretary of State	
1. Entity Nan	MENT # P03000135	5716	ا مارکو		04-15-2004 90018 030 ***150.00	
Principal Place of Business Mailing Address				-		
726 IMPERIAL DR. 726 IMPERIAL DR.				·		
LARGO, FL		LARGO, FL 33771				
					1450)(CEI (A) 56)46 11/4 PRIA BRAI BRIE 1155 1160 MINI MARIA 1160	
2 Principal F	Diana of Division	1 2 14-17-14				
2. Principal Place of Business 3. Mailing Address					<u> </u>	
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt, #, etc.				
					03182004 Chg-P CR2E034 (10/03)	
City & State City & State		City & State			4. FEI Number A Applied For	
				7	72 - 15 163 16 Not Applicable	
Zip	Country	Zip ·	Coun	itry	5. Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Current	Registered Agent		T	Fee Required 7. Name and Address of New Registered Agent	
	5. Hame and Address of Carrent	negistered Agent		Name	7. Name and Address of New Registered Agent	
CORTEZ,						
726 IMPERIAL DR.				Street Address (P.O. Box Number is Not Acceptable)		
LARGO, F	-L 33771					
i						
_	•			City	FL Zip Code	
8. The above	e named entity submits this statement for	or the purpose of changing it	s register	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
the obliga	tions of registered agent.					
SIGNATURE.	•					
	Signature, typed or printed name of registered agent	and little if applicable, (NO	TE: Registare	d Agent signature required	when reinstating) DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9: Election Campa Trust Fund Con			00 May Be ed to Fees	
MILE: IVI	ay 1, 2004 Fee will be \$550.	00				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	CORTEZ, MARDO		· NAM			
CITY-ST-ZIP	726 IMPERIAL DR. LARGO, FL 33771			ET ADDRESS - ST- ZIP		
	EAROO, I E 3077		_			
TITLE NAME		☐ Delete	TITLE		Change Addition	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
THTLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAM	1		
STREET ADDRESS			STRE	ET ADDRESS		
CITY-ST-ZIP			CITY	- ST - ZIP		
TITLE	***************************************	☐ Delete	Tifte	:	Change Addition	
NAME			NAM			
STREET ADDRESS		· .		ET ADDRESS -ST-ZIP	•	
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STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	,			-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAM			
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP				- ST-ZIP		
12. I hereby	certify that the information supplied with	this filing does not qualify for	or the exe	mption stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director	
of the cor	rporation or the receiver or trustee emp	owered to execute this repor	t as requi	red by Chapter 607	same legal effect as it made under dath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11 if	
cnanged	, or on an attachment with an address,	with all other like empowered	J.			

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR