


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000153992		
1. Entity Name MARROQUIN WINDOW TREATMENTS		
Principal Place of Business 3907 QUARTZ AVE. ORLANDO, FL 32826		Mailing Address 3907 QUARTZ AVE ORLANDO, FL 32826
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MIGUEL A. MARROQUIN 3907 QUARTZ AV. ORLANDO, FL 32826		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	MARROQUIN, MIGUEL A	
STREET ADDRESS	3907 QUARTZ AVE.	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	V	
NAME	MARROQUIN, MIGUEL A	
STREET ADDRESS	3907 QUARTZ AVE.	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	SEC	
NAME	MARROQUIN, MIGUEL A	
STREET ADDRESS	3907 QUARTZ AV.	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	TRES	
NAME	MARROQUIN, MIGUEL A	
STREET ADDRESS	3907 QUARTZ AVE.	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Miguel Marroquin</u>		01-21-08
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01202008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2437026	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000000735678
01/29/08-80001-011 158.75

**DO NOT WRITE
IN THIS SPACE**