

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002133

FILED  
Jun 30, 2004  
Secretary of State

Entity Name: MARQUI FINANCIAL GROUP, INC.

## Current Principal Place of Business:

6219 NW 190TH TERR  
MIAMI, FL 33015

## New Principal Place of Business:

6175 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014

## Current Mailing Address:

6219 NW 190TH TERR  
MIAMI, FL 33015

## New Mailing Address:

6175 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014

FEI Number: 20-0616434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MENESES, PATRICIA MARIE  
6219 NW 190TH TERR  
MIAMI, FL 33015

## Name and Address of New Registered Agent:

LESLIE, ALDAMA L PRESIDE  
6175 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014

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.

SIGNATURE: LESLIE L. ALDAMA

06/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALDAMA, LESLIE LAUREL  
Address: 6219 NW 190TH TERR  
City-St-Zip: MIAMI, FL 33015

Title: D (X) Delete  
Name: MENESES, PATRICIA MARIE  
Address: 6219 NW 190TH TERR  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALDAMA, LESLIE L PRES  
Address: 6175 MIAMI LAKES DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE L. ALDAMA

PRES

06/30/2004

Electronic Signature of Signing Officer or Director

Date