2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90129 049 ***150.00

Pincipal Place of Business Mailing Address 12 CARS SA DRIVE 12 CARS SA DRIVE 12 CARS SA DRIVE 13 S119	DOCUMENT # P0400003634 1. Enlity Name MARQUEZ ENTERPRISES, INC.						05-04-2005	90129 049 ***15	0.00
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MARQUEZ, CARMEN M 412 CARISSA DRIVE BRANDON, FL 33511 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 After May 2, 2005 Fee wil	Zip	Zip Country		Zip Country		5 Certificate of Status Desired 38.75 Additional			
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STORE TRUE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND	<u> </u>	6. Name and Address of Current	Hegistered Agent		Name	7. Name and	Address of New H	legistered Agent	
Sireal Address (P.O. Box Number is Not Acceptable) City FL Zip Cod=	MARQUEZ	Z. CARMEN M			TVENTE				
E. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with and scorept the obligations of registered agent. Signature					Street Address (P.O. Box Number is Not Acceptable)				
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12. Thereby 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	TITLE NAME STREET ADDRESS		☐ Delete	NAM STRI	AE EET AODRESS			☐ Change	☐ Addition

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 of an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR