

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000011264

1. Entity Name
MARCOS BUSTAMANTE, INC.



Principal Place of Business
3151 AUTUMNWOOD TRAIL
APOPKA, FL 32703

Mailing Address
3151 AUTUMNWOOD TRAIL
APOPKA, FL 32703



05022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2140023

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUSTAMANTE, MARCOS
3151 AUTUMNWOOD TRAIL
APOPKA, FL 32703

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME BUSTAMANTE, MARCOS
STREET ADDRESS 3151 AUTUMNWOOD TRAIL
CITY-ST-ZIP APOPKA, FL 32703

TITLE VP
NAME BUSTAMANTE, DENISE
STREET ADDRESS 3151 AUTUMNWOOD TRAIL
CITY-ST-ZIP APOPKA, FL 32703

TITLE SEC
NAME BUSTAMANTE, DENISE
STREET ADDRESS 3151 AUTUMNWOOD TRAIL
CITY-ST-ZIP APOPKA, FL 32703

TITLE TREA
NAME BUSTAMANTE, MARCOS
STREET ADDRESS 3151 AUTUMNWOOD TRAIL
CITY-ST-ZIP APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000773980
09/14/07-80001-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/07 407 466 3533