## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000011264

Entity Name: MARCOS BUSTAMANTE, INC.

FILED Aug 17, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
3151 AUTUMNWOOD TRAIL APOPKA, FL 32703								
Current Mailing Address:				New Mailing Address:				
3151 AUTUMNWOOD TRAIL APOPKA, FL 32703								
FEI Number: 54-2140023		FEI Number Applied For ( )	FEI Number Not Applicable ( )			Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							ent:	
BUSTAMNTE, MARCOS 3151 AUTUMNWOOD TRAIL APOPKA, FL 32703 US								
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:								
Electronic Signature of Registered Agent Date								
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:								
Title:		Delete	Title:			( ) Change		
Name: Address: City-St-Zip:	BUSTAMANTE, N 3151 AUTUMNWO APOPKA, FL 327	IARCOS DOD TRAIL	Name Addre	e:		( ) =gc	( )	
Title: Name: Address: City-St-Zip:	VP () E BUSTAMANTE, D 3151 AUTUMNWO APOPKA, FL 327	OOD TRAIL	Title: Name Addre City-S	e:		()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	SEC () E BUSTAMANTE, D 3151 AUTUMNW APOPKA, FL 327	OOD TRAIL	Title: Name Addre City-S	e:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	TREA () E BUSTAMANTE, M 3151 AUTUMNW APOPKA, FL 327	OOD TRAIL	Title: Name Addre City-S	e:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name Addre City-S	e: ess:	OFF TRAUTMAN, 3151 AUTUM APOPKA, FL	INWOOD TR		
Title: Name: Address: City-St-Zip:	()[	Delete	Title: Name Addre City-S	e: ess:	OFF GOLLEGOS, 3151 AUTUM APOPKA, FL	INWOOD TR		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARCOS F. BUSTAMANTE P 08/17/2008