

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

06-15-2005 90093 023 \*\*\*150.00

**DOCUMENT # P04000029648**

1. Entity Name  
**MARQUI INC.**



Principal Place of Business  
**359 SW 34 AVE  
DEERFIELD BCH, FL 33442**

Mailing Address  
**359 SW 34 AVE  
DEERFIELD BCH, FL 33442**

06044110



2. Principal Place of Business  
**1363 SW 44th Terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**1363 SW 44th Terrace**  
Suite, Apt. #, etc.

06272005 Chg-P CR2E034 (10/03)

City & State  
**Deerfield Beach, FL**  
Zip  
**33442** Country  
**USA**

City & State  
**Deerfield Beach, FL**  
Zip  
**33442** Country  
**USA**

4. FEI Number  
**30-0236446** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRITO, CARLOS  
359 SW 34 AVE  
DEERFIELD BCH, FL 33442**

7. Name and Address of New Registered Agent  
Name  
**Brito, Carlos**  
Street Address (P.O. Box Number is Not Acceptable)  
**1363 SW 44th Terrace**  
City  
**Deerfield Beach** FL Zip Code  
**33442**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BRITO, CARLOS A 359 SW 34 AVE DEERFIELD BCH, FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MURPHY-BRITO, DEBORAH A 359 SW 34 AVE DEERFIELD BCH, FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Brito, Carlos A. 1363 SW 44th Terrace Deerfield Beach FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Murphy-Brito, Deborah A. 1363 SW 44th Terrace Deerfield Beach, FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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 of the like powers.

SIGNATURE: Carlos Brito  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05 954-418-8809  
Date Daytime Phone #