

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075008

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** THE JUAN AND ONLY MARQUEZ REMODELING, INC.

**Current Principal Place of Business:**

830 NW 210 STREET SUITE # 204  
MIAMI, FL 33169

**New Principal Place of Business:**

830 NW 210 STREET SUITE # 204  
MIAMI, FL 33169 FL

**Current Mailing Address:**

P.O. BOX 614211  
NORTH MIAMI, FL 33261

**New Mailing Address:**

P.O. BOX 614211  
NORTH MIAMI, FL 33261 FL

**FEI Number:** 20-1101084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARQUEZ, JUAN  
830 NW 210 STREET APT 204  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARQUEZ, JUAN  
Address: 830 NW 210 STREET SUITE 204  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: JUAN MARQUEZ

P

01/05/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date