## Jun 29, 2006 8:00 am 2006 FOR PROFIT CORPORATION **Secretary of State ANNUAL REPORT** 06-29-2006 90001 021 \*\*\*550.00 DOCUMENT # P05000065924 MARQUES & MARQUES, INC. 40097430 Principal Place of Business Mailing Address 5480 NW 106 COURT 5480 NW 106 COURT MIAMI, FL 33178 MIAMI, FL 33178 3. Mailing Address 41 Street SAME Suite, Apt. #. etc. 06262006 CR2E034 (11/05) City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARQUES, ESMERALDA 5480 NW 106 COURT MIAMI, FL 33178 8. The above named entity sebmits this statement for the purpose of changing its registered office egistered 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. 3.4 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ODETT DIRECT ODETT DEL VAILLE 16151 S.W. 88 Delete DIRECTOR TITLE Change TITLE ■ Addition MARQUES, ESMERALDA NAME NAME 5480 NW 106 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP VP Delete THILE Change TITLE ☐ Addition Edrid Villelow STU MARQUES, ANTONIO NAME NAME STREET ADDRESS 5480 NW 106 COURT STREET ADDRESS CITY - ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP MIAMIL Delete TITLE TITLE ☐ Change ☐ Addition NAME MARQUES, ESMERALDA NAME STREET ADDRESS 5480 NW 106 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP Delete TITLE TITLE Change □ Addition MARQUES, ANTONIO NAME NAME STREET ADDRESS 5480 NW 106 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP

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:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 /26/06 305-629970

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