

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

02-09-2006 90036 046 ***150.00

DOCUMENT # P05000098627

1. Entity Name
MARCQUES, INC.



Principal Place of Business
**3134 WEST EUCLID AVENUE
TAMPA, FL 33629 US**

Mailing Address
**P.O. BOX 10683
TAMPA, FL 33679 US**

66006217



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262008

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-3147032

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEMBENISTA, MARCUS A
3134 WEST EUCLID AVE.
TAMPA, FL 33629**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Agents signatures required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BEMBENISTA, MARCUS A	
STREET ADDRESS	3134 WEST EUCLID AVE.	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information reported 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #



ATTACHMENT
66006217

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2006

MARCQUES, INC.
P.O. BOX 10683
TAMPA, FL 33679 US

Subject: MARCQUES, INC.

20-3147032

Reference Number: P05000098627

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION