

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # P94000056047

**1. Entity Name
MARKWELL FLORIDA, INC.**



Principal Place of Business

**13090 NW 43RD AVE.
OPA LOCKA, FL 33054**

Mailing Address

**13090 NW 43RD AVE.
OPA LOCKA, FL 33054**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0518098**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**GUTIERREZ, MARCOS M.
7757 NW 169 TERR
MIAMI, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

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 Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUTIERREZ, MARCOS M JR.
STREET ADDRESS	7757 NW 169 TERR
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	T
NAME	BARRIOS, MARIA E
STREET ADDRESS	3521 SW 141 AVE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	S
NAME	ROZOWSKY, SAUL
STREET ADDRESS	1204 WINDSOR DRIVE
CITY-ST-ZIP	FRAMINGHAM, MA 01701
TITLE	D
NAME	CHIPI, JORGE L
STREET ADDRESS	4990 SW 63RD AVE.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**000000577980
01/08/07-80010-023 150.00**

**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA E BARRIOS

1/5/07

Date

Daytime Phone #

305-6870376