

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90039 040 \*\*\*150.00

**DOCUMENT # P96000076318**

1. Entity Name

A SHEAR HAPPENING BY MARCY & CO., INC.



Principal Place of Business

9570 GRIFFIN ROAD  
COOPER CITY FL 33328

Mailing Address

8815 "B" SW 21ST ST  
BOCA RATON FL 33433  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0694217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEQUEVEDO, MARCELLA  
8815B SW 21ST STREET  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name VAITIEKUNAS, ALICIA B.

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

8815 B S.W. 21ST STREET

City BOCA RATON

FL

Zip Code 33433

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEQUEVEDO, MARCELLA	
STREET ADDRESS	8815B SW 21ST STREET	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VAITIEKUNAS, ALICIA B	
STREET ADDRESS	8815B SW 21ST STREET	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VAITIEKUNAS, CARLOS	
STREET ADDRESS	8815 B SW 21ST ST	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAITIEKUNAS, ALICIA B.	
STREET ADDRESS	8815 B SW 21ST STREET	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAITIEKUNAS, CARLOS	
STREET ADDRESS	8815 B SW 21ST STREET	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alicia Vaitiekunas Pres. 4-17-04