

2004 FORT PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000032188

1. Entity Name
MARKET PLAZA, INC.



FILED
Jan 20, 2004 08:00 AM
Secretary of State

Principal Place of Business
10540 NW 26TH STREET G-104
MIAMI, FL 33172

Mailing Address
10540 NW 26TH STREET G-104
MIAMI, FL 33172



01062004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0752935

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI, FL 33131

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
S
PALENZONA, PATRIZIA
10540 NW 26TH STREET SUITE G-104
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP
P
PALENZONA, ROMANO
10540 NW 26TH STREET SUITE G-104
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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IN THIS SPACE

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 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 697, 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: Patrizia Palenzona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/04 (305) 718-4141