

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90261 042 ***150.00

DOCUMENT # P98000006056					
1. Entity Name MARPLACO, INC.					
Principal Place of Business 1100 NW 95 ST MIAMI, FL 33150			Mailing Address 24 EUCLID DRIVE MIAMI SPRINGS, FL 33166		
2. Principal Place of Business 1022 HUNTING LODGE DR. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1022 HUNTING LODGE DR. <small>Suite, Apt. #, etc.</small>			
City & State MIAMI SPRINGS, FL		City & State MIAMI SPRINGS, FL		4. FEI Number 65-0819958	
Zip 33166		Country MIAMI-DADE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent INSAUSTI, DIEGO 24 EUCLID DRIVE MIAMI SPRINGS, FL 33166			7. Name and Address of New Registered Agent Name: <u>DIEGO INSAUSTI</u> Street Address (P.O. Box Number is Not Acceptable): 1022 HUNTING LODGE DRIVE City: <u>MIAMI SPRINGS</u> <u>FL</u> <u>33166</u>		
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, the registered agent. SIGNATURE: <u>[Signature]</u> <u>DIEGO INSAUSTI</u> DATE: <u>4/27/04</u> <small>(NOTE: Registered Agent signature required when re-stating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete DIEGO, INSAUSTI 24 EUCLID DRIVE MIAMI SPRINGS, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIEGO INSAUSTI 1022 HUNTING LODGE DRIVE MIAMI SPRINGS, FL 33166		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u>[Signature]</u> <u>DIEGO INSAUSTI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/27/04</u> <small>Daytime Phone #</small>		