

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000105253

1. Entity Name
MARRERO INVESTMENTS, INC.



Principal Place of Business
**4519 FORREST LANE
LAKE WORTH, FL 33462**

Mailing Address
**4180 GUN CLUB ROAD
WEST PALM BEACH, FL 33406**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0850025

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARRERO, PATRICIA A
4180 GUN CLUB ROAD
WEST PALM BEACH, FL 33406**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000077437
03/05/04-80042-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARRERO, KATHLEEN
STREET ADDRESS	4519 FORREST LANE
CITY - ST - ZIP	LAKE WORTH, FL 33462
TITLE	TR
NAME	MARRERO, CASIMIRO
STREET ADDRESS	4519 FORREST LANE
CITY - ST - ZIP	LAKE WORTH, FL 33463
TITLE	S
NAME	RIVERA, AUGUSTIN
STREET ADDRESS	4150 SUNCLUB RD.
CITY - ST - ZIP	WEST PALM BEACH, FL 33406
TITLE	VP
NAME	MARRERO, PATRICIA
STREET ADDRESS	4180 GUN CLUB ROAD
CITY - ST - ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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)(b), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04

Date

561-471-8108

Daytime Phone