

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90059 035 \*\*\*158.75

**DOCUMENT # P98000105297**

1. Entity Name

**MOLAMARK CONSTRUCTION, INC.**



Principal Place of Business

**1115 W CENTRAL BLVD  
ORLANDO FL 32805**

Mailing Address

**1115 W CENTRAL BLVD  
ORLANDO FL 32805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**59-3545286**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GUZMAN, LAZARO  
2042 KENSINGTON RUN DR  
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name

**Guzman, Lazaro**  
Street Address (P.O. Box Number is Not Acceptable)

**1115 W Central Blvd**

City

**Orlando**

FL

Zip Code

**32805**

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-23-04**

**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	VP	<input type="checkbox"/> Delete
NAME	GUZMAN, LAZARO	
STREET ADDRESS	2042 KENSINGTON RUN DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GUZMAN, GUILYANNA	
STREET ADDRESS	2042 KENSINGTON RUN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUZMAN, NEYZA	
STREET ADDRESS	2042 KENSINGTON RUN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUZMAN, ROSALYNN	
STREET ADDRESS	2042 KENSINGTON RUN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lazaro Guzman	
STREET ADDRESS	1115 W Central Blvd	
CITY-ST-ZIP	Orlando FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neyza Guzman	
STREET ADDRESS	1115 W Central Blvd	
CITY-ST-ZIP	Orlando FL 32805	
TITLE	V-P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosalynn Guzman	
STREET ADDRESS	1115 W Central Blvd	
CITY-ST-ZIP	Orlando FL 32805	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-04**

Date

**407-872-3400**

Daytime Phone #