

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91234 033 ***150.00

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1. Entity Name
MIRAMARQ ENTERPRISES, INC.

Principal Place of Business
**3247 W COLUMBUS DRIVE
TAMPA, FL 33607**

Mailing Address
**3247 W COLUMBUS DR.
TAMPA, FL 33607**



2. Principal Place of Business

3. Mailing Address

04302004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3561007

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**PEREZ, NICOLAS
2211 WOODLAWN STREET
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name **MARIA RAMOS**
Street Address (P.O. Box Number is Not Acceptable)

**3247 W COLUMBUS DRIVE
City TAMPA FL Zip Code 33607**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **PEREZ, NICOLAS**
CITY-ST-ZIP **3247 W. COLUMBUS DR.
TAMPA, FL 33607**

TITLE ☒ Delete
NAME **ST**
STREET ADDRESS **PEREZ, MARY L**
CITY-ST-ZIP **3247 W. COLUMBUS DR.
TAMPA, FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **P/D**
STREET ADDRESS **RAMOS, MARIA**
CITY-ST-ZIP **3247 W. COLUMBUS DRIVE
TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 (813) 554-8335
Date Daytime Phone #