


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # S42545
 1. Entity Name
MARLON PASQUIER, D.D.S., P.A.



<i>Principal Place of Business</i> 7155 W. FLAGLER STREET MIAMI, FL 33144 US	<i>Mailing Address</i> 7155 W. FLAGLER STREET MIAMI, FL 33144 US
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DO NOT WRITE IN THIS SPACE



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0250819	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

PASQUIER, MARLON
 7155 W. FLAGLER ST.
 MIAMI, FL 33144

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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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

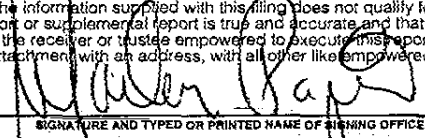
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PASQUIER, MARLON 4199 S.W 138TH CRT MIAMI, FL 33175
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U000001665611
 07/16/04-80001-025 150.00

U000001665611
 07/16/04-80001-026 8.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **7/13/04** (305) 267 1709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____