

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S80538

1. Entity Name

MARENCO CORPORATION



FILED  
Apr 26, 2004 8:00 am  
Secretary of State

04-26-2004 91036 020 \*\*\*150.00

Principal Place of Business  
1784 SW 1 ST  
MIAMI FL 33135

Mailing Address  
1784 SW 1 ST  
MIAMI FL 33135

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0285947	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARENCO, ESMILDA  
1361 SW 4TH ST. APT. 5  
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name Pedro F. VIZART

Street Address (P.O. Box Number is Not Acceptable)

2070 SW 4TH ST Apt #2

City Miami

FL Zip Code 33135

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 Pedro F. Vizart

President

02/13/2004

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  
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 PRA  Delete  
NAME MARENCO, ESMILDA  
STREET ADDRESS 1361 S.W. 4TH ST., APT. #5  
CITY-ST-ZIP MIAMI FL 33135

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PEDRO VIZART PEDRO F. VIZART  
2070 SW 4TH ST Apt #2  
Miami FL 33135

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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

04/16/04 (305)541-0353  
Date Daytime Phone #