


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000076226


1. Entity Name
MARSEILLES ENTERPRISES INC.



Principal Place of Business Mailing Address

1725 MARSEILLE DRIVE **8480 SW 141 STREET**
MIAMI BEACH, FL 33141 **VILLAGE OF PALMETTO BAY, FL 33158**

DO NOT WRITE IN THIS SPACE



03292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0093146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANTHONY R
8480 SW 141 STREET
VILLAGE OF PALMETTO BAY, FL 33158

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

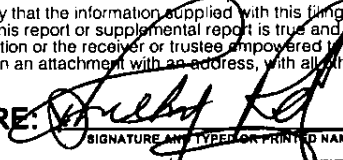
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, ANTHONY R
STREET ADDRESS	8480 SW 141 STREET
CITY-ST-ZIP	VILLAGE OF PALMETTO BAY, FL 33158
TITLE	V
NAME	RODRIGUEZ, IVETTE
STREET ADDRESS	8480 SW 141 STREET
CITY-ST-ZIP	VILLAGE OF PALMETTO BAY, FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000933434
05/22/08-80097-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/1/08** **786-253-0429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #