


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F95000005182</b>	
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1. Entity Name  
**MARELLE, INC. OF DELAWARE**

Principal Place of Business  
**1425 A SE 17TH ST  
FT LAUDERDALE, FL 33316 US**

Mailing Address  
**1425A SE 17TH ST  
FT LAUDERDALE, FL 33316 US**

**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0607613</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PICCIANO, ARTHUR  
4373 CARAMBOLA CIRCLE SO.  
COCONUT CREEK, FL 33066**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, MARILYN R 17132 BERNUDA VILL DRIVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICCIANO, ELEANOR 17132 BERMUDA VILL. DR. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000011376  
01/23/04-80035-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Eleanor Picciano* **ELEANOR PICCIANO** 1/17/04 954-462-3399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #