


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90460 017 \*\*\*150.00

|   |                                 |  |  |
|---|---------------------------------|--|--|
| <b>DOCUMENT # K55007</b><br>1. Entity Name<br><b>MARIO IMPORT &amp; EXPORT, INC.</b>  |                                 |   |  |
| Principal Place of Business<br><b>3501 S.W. 8TH ST<br/>SUITE-211<br/>MIAMI, FL 33135</b>  |                                 | Mailing Address<br><b>14280 SW 16TH TERR<br/>MIAMI, FL 33175 US</b>  |  |
| 2. Principal Place of Business<br><b>14280 SW 16TH TERR</b>   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State<br><b>Miami FL</b>   |                                 | City & State<br>Suite, Apt. #, etc.  |  |
| Zip<br><b>33175</b>   |                                 | Country<br><b>MADE</b>   |  |
| 4. FEI Number<br><b>65-0091260</b>  |                                 | Applied For<br><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<br><br><b>RUSSO, OLGA<br/>3501 S.W. 8TH ST<br/>SUITE 211<br/>MIAMI, FL 33135</b>  |                                 | 7. Name and Address of New Registered Agent<br>Name <b>RUSO, OLGA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>14280 SW 16TH TERR E</b><br>City <b>Miami</b> FL Zip Code <b>33175</b> |  |
| 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.<br>SIGNATURE <u><i>Olga Russo</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/30/04</u>  |                                 |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>P<br/>RUSSO, OLGA<br/>3501 S.W. 8TH ST #211<br/>MIAMI, FL 33135</b>  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>RUSO, OLGA<br/>14280 SW 16TH TERR<br/>MIAMI FL 33175</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <u><i>Olga Russo</i></u> <u><i>Olga Russo</i></u>  |                                 | Date <u>1/30/04</u> Daytime Phone # <u>305 227 2296</u>  |  |