


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90460 017 ***150.00

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

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