

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000017018**

1. Entity Name  
**MARIOLKA'S CUSTOM BRIDAL BOUTIQUE AND DRAPERIES, INC.**



Principal Place of Business <b>4709 NORTH CONGRESS          BOYNTON BEACH, FL 33426</b>	Mailing Address <b>4709 NORTH CONGRESS          BOYNTON BEACH, FL 33426</b>
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>36-4433532</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

**OLEJNICZAK, MIREK  
 4709 NORTH CONGRESS  
 BOYNTON BEACH, FL 33426**

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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 *Marek G Olejniczak* DATE 4-12-07

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, 2007 Fee will be \$550.00**

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

000000707846  
 04/24/07-80092-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OLEJNICZAK, MARIE J
STREET ADDRESS	4709 NORTH CONGRESS
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	D
NAME	OLEJNICZAK, MIREK
STREET ADDRESS	4709 NORTH CONGRESS
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 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: *Marek J. Olejniczak* DATE 4-12-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #