


FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P01000096512

1. Entity Name
MARSILVIA JEWELRY INC.



Mar 12, 2007 08:00
Secretary of State

Principal Place of Business
2083 SAXON PLAZA, SAXON BLVD
DELTONA, FL 32725

Mailing Address
2083 SAXON PLAZA, SAXON BLVD
DELTONA, FL 32725

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

02282007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3748280

Applied For
Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OYARBIDE, MARIANO M
2016 N NEMO DR
DELTONA, FL 32725

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
OYARBIDE, MARIANO M
2016 N NEMO DR
DELTONA, FL 32725

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
OYARBIDE, SILVIA
2016 N. NEMO DR
DELTONA, FL 32725

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☐ Change ☐ Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2007
Date

Daytime Phone #