

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053970

FILED
Apr 26, 2004
Secretary of State

Entity Name: EVENTS BY MARIEL, INC.

Current Principal Place of Business:

10292 NW 9 STREET CIRCLE #205
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10292 NW 9 STREET CIRCLE #205
MIAMI, FL 33172

New Mailing Address:

FEI Number: 06-1690802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ-ESCASENA, MARIEL
10292 NW 9 STREET CIRCLE #205
MIAMI, FL 33172

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUIZ-ESCASENA, MARIEL
Address: 10292 NW 9 STREET CIRCUIT #205
City-St-Zip: MIAMI, FL 33172

Title: V () Delete
Name: CANELA, MICHELLE M
Address: 15923 SW 63RD TERRACE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: TABOADA, ANNETTE
Address: 2715 SW 102ND AVENUE
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIEL RUIZ-ESCASENA

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date