

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90009 044 \*\*\*150.00

**DOCUMENT # P03000017175**

1. Entity Name  
**MARBELLA SUPPLIES, CORP**



Principal Place of Business  
**13521 EAGLE RIDGE DR.  
#116  
FT. MYERS, FL 33912**

Mailing Address  
**13521 EAGLE RIDGE DR.  
#116  
FT. MYERS, FL 33912**

2. Principal Place of Business

3. Mailing Address

**13561 Eagle Ridge Dr.  
Suite, Apt. #, etc.  
#1022**

**13561 Eagle Ridge Drive  
Suite, Apt. #, etc.  
#1022**

City & State  
**Ft. Myers, FL**

City & State  
**Ft. Myers, FL**

Zip  
**33912**

Country

Zip  
**33912**

Country

02032004

Chg-P

CR2E034 (10/03)

4. FEI Number

**421576696**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARQUES, CLAUDIA  
13521 EAGLE RIDGE DR.  
#116  
FT. MYERS, FL 33912**

Name

Street Address (P.O. Box Number is Not Acceptable)

**13561 Eagle Ridge Drive  
#1022**

City

**Ft. Myers**

**FL**

Zip Code

**33912**

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
MARQUES, CLAUDIA  
13521 EAGLE RIDGE DR. #116  
FT. MYERS, FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MARQUES, CLAUDIA  
13521 EAGLE RIDGE DR. #116  
FT. MYERS, FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
CLAUDIA Marques  
13561 Eagle Ridge Drive #1022  
Ft. Myers, FL 33912** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CLAUDIA Marques  
13561 Eagle Ridge Drive #1022  
Ft. Myers, FL 33912** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: Claudia Marques**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/28/04**

Date

**(239) 8507596**

Daytime Phone #