

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055361

Entity Name: MARIANA FERNANDES P.A.

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

14202 LAGOON COVE LN  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

14202 LAGOON COVE LN  
WINTER GARDEN, FL 34787 US

**New Mailing Address:**

FEI Number: 55-0830679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERNANDES, MARIANA  
14202 LAGOON COVE LN  
WINTER GARDEN, FL 34787 US

**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: PST ( ) Delete  
Name: FERNANDES, MARIANA  
Address: 14202 LAGOON COVE LN.  
City-St-Zip: WINTER GARDEN, FL 34787 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIANA FERNANDES

PST

04/24/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date