

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000070594

1. Entity Name
MARBELLANA INC.



Principal Place of Business
STE 1700, 255 S ORANGE AVE
ORLANDO, FL 32801

Mailing Address
STE 1700, 255 S ORANGE AVE
ORLANDO, FL 32801



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0270725

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAATHOFF, DWIGHT D
STE 1700, 255 S ORANGE AVE
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
VSD
AUFSEESSER, ERNST
20 CH COLLADON, CH- 1209 GENEVA
SWITZERLAND,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KURZ, PETER
35 CH DE LA SEYMAZ, CH- 1253 VANDOEUVRES
SWITZERLAND,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEBER, JEAN-PIERRE
BELCHENSTRASSE 19, CH - 4054 BASEL
SWITZERLAND,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ROSS, THOMAS T
255 S ORANGE AVE
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SAATHOFF, DWIGHT D
255 S ORANGE AVE
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000276631
03/25/05-80050-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #