

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR -9 PM 12:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01222007 Chg-P CR2EO34 (12/06)

DOCUMENT # P03000070594 1. Entity Name MARBELLANA INC.					
Principal Place of Business STE 1200, 420 S ORANGE AVE ORLANDO, FL 32801			Mailing Address STE 1200, 420 S ORANGE AVE ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 20-0270725 Applied For ☐ Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SAATHOFF, DWIGHT D STE 1200, 420 S ORANGE AVE ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Ave. City Tallahassee FL 32301	
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 Kenneth R. Robert, President DATE 4-9-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	VSD AUFSEESSER, ERNST 20 CH COLLADON, CH- 1209 GENEVA SWITZERLAND, ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KURZ, PETER 35 CH DE LA SEYMAZ, CH- 1253 VANDOEUVRES SWITZERLAND, ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, JEAN-PIERRE BELCHENSTRASSE 19, CH - 4054 BASEL SWITZERLAND, ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600097570346 04/19/07--01032--024 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, THOMAS T SUITE 1200, 420 S ORANGE AVE ORLANDO, FL 32801 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAATHOFF, DWIGHT D SUITE 1200, 420 S ORANGE AVE ORLANDO, FL 32801 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement to 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: P. Ruiz Treas. Date 3/19/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

GA W/11ms APR - 9 2007