

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-12-2004 90044 034 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000076847							
1. Entity Name MARVULLI REAL ESTATE INVESTMENTS, INC.							
Principal Place of Business 5610 PAT'S PT WINTER PK FL 32792			Mailing Address 5610 PAT'S PT WINTER PK FL 32792				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 54-219762			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MARVULLI, AMANDA J 5610 PAT'S PT WINTER PK FL 32792			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 <small>After May 1, 2004 Fee will be \$350.00</small> Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME		TITLE	NAME			
	President						
	Amanda J. Marvulli						
	32792						
	5610 Pats Point Winter Park, FL						
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP			
TITLE	NAME		TITLE	NAME			
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP			
TITLE	NAME		TITLE	NAME			
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP			
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TITLE	NAME		TITLE	NAME			
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP			
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: Amanda Jean Marvulli			Date: 3/8/04		Daytime Phone #: 407-415-2726		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		
President							