


**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

66018409

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # P04000020636</b>  |  |    |  | 04-26-2005 90133 048 ***150.00  |  |
| 1. Entity Name<br><b>MARIA ELENA DESIGNS, INC.</b>  |  |   |  |   |  |
| Principal Place of Business<br>4230 OAK CIRCLE<br>BOCA RATON, FL 33431  |  | Mailing Address<br>4230 OAK CIRCLE<br>BOCA RATON, FL 33431                          |  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  | 66018409  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  | 03292005 Chg-P CR2E034 (10/03)  |  |
| City & State  |  | City & State  |  | FBI Number<br>56-2434855  |  |
| Zip   |  | Country   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired  |  | 5. Certificate of Status Desired  |  | 8.75 Additional Fee Required  |  |
| 5. Name and Address of Current Registered Agent   |  |   |  | 7. Name and Address of New Registered Agent                                       |  |
| MARCUS, MARIA E<br>11259 SEAGRASS CIRCLE<br>BOCA RATON, FL 33498  |  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>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  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>P MARCUS, MARIA ELENA 4230 OAK CIRCLE BOCA RATON, FL 33431   |  |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>Change Addition |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>SEC MARCUS, MARIA ELENA 4230 OAK CIRCLE BOCA RATON, FL 33431   |  |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>Change Addition |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>TREA MARCUS, MARIA ELENA 4230 OAK CIRCLE BOCA RATON, FL 33431  |  |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>Change Addition |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>Change Addition |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>Change Addition |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>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: _____ Date: 04-18-05   |  |   |  |   |  |