

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4.

FILED
May 26, 2005 8:00 am
Secretary of State

04-29-2005 90201 015 ***150.00

DOCUMENT # P04000155203 1. Entity Name MARISEL ENTERPRISES, INC.					
Principal Place of Business 7810 N.W. 52ND STREET MIAMI, FL 33166			Mailing Address P.O. BOX 650307 MIAMI, FL 33265		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">66019337</div> <div style="display: flex; justify-content: space-around; font-size: 10px;"> 04282005 Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 20-1884634 </div> <div style="border: 1px solid black; padding: 2px; font-size: 8px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px; font-size: 8px;"> \$8.75 Additional Fee Required </div> </div>	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent RAMIREZ, MARILYN S 105 S.W. 104TH COURT MIAMI, FL 33174				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete RAMIREZ, MARILYN S 105 S.W. 104TH COURT MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete RAMIREZ, AMARIS 105 S.W. 104TH COURT MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete RAMIREZ, ELIZABETH 105 S.W. 104TH COURT MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, who all other like empowered.					
SIGNATURE:			<div style="display: flex; justify-content: space-between;"> <div style="border-top: 1px solid black; width: 80%;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR </div> <div style="text-align: center;"> <div style="font-size: 24px; font-weight: bold;">4/28/05</div> <div style="font-size: 8px;">Date Daytime Phone #</div> </div> </div>		