



FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000069533 1. Entity Name MARIO CITY INVESTMENT CORPORATION			
Principal Place of Business 513 FLEMING STREET SUITE #4 KEY WEST, FL 33040 US		Mailing Address 513 FLEMING STREET SUITE #4 KEY WEST, FL 33040 US	
DO NOT WRITE IN THIS SPACE			
		03282008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0600241	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent KAVOURA, DIMITRI 513 FLEMING STREET SUITE #4 KEY WEST, FL 33040		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11000000221272 04/16/08-80019-005 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP P KAVOURA, DIMITRI 513 FLEMING STREET, SUITE #4 KEY WEST, FL 33040		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP SEC KAVOURA, DIMITRI 513 FLEMING STREET, SUITE #4 KEY WEST, FL 33040			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			