

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-14-2006 90142 038 ***150.00

DOCUMENT # P05000078210 1. Entity Name MARELLI WALLS & CEILINGS INC.					
Principal Place of Business 5373 STACY STREET WEST PALM BEACH, FL 33417			Mailing Address 5373 STACY STREET WEST PALM BEACH, FL 33417		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-4301284	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARELLI, DOMINGO R 5373 STACY STREET WEST PALM BEACH, FL 33417				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 _____ DATE _____ Signature, typed or printed name of registered agent and day if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	President Domingo R. Marelli 5373 Stacy St., West Palm Bch, FL, 33417		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
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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 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 empowers.					
SIGNATURE: April 11/2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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