2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000106082

1. Entity Name
MARISA MARINO, P.A.

Principal Place of Business	Mailing Address
145 PUESTA DEL SOL OSPREY, FL 34229 US	145 PUESTA DEL SOL OSPREY, FL 34229 US

DO NOT WRITE IN THIS SPACE

07312007   No Chg-P   CR2E034 (11/05)

4. FEI Number NOT APPLICABLE		Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARINO, MARISA
202 ISLAND CIRCLE
SARASOTA, FL 34242

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00 **Due by September 14, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.	OFFICERS AND DIRECTORS	
TITLE	DIR	
NAME	MARINO, MARISA	
STREET ADDRESS	145 PUESTA DEL SOL	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	P	
NAME	MARINO, MARISA	
STREET ADDRESS	145 PUESTA DEL SOL	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE		
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		

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08/17/07-80001-001 550.00

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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: _____ 8-14-07   941 914 5191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #