


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90027 034 ***150.00

DOCUMENT # P05000149188

1. Entity Name
MARISAL SALES CO. INC.



Principal Place of Business
**20359 PENNSYLVANIA AVE.
 SUITE J
 DUNNELLO, FL 34432 US**

Mailing Address
**20359 PENNSYLVANIA AVE.
 SUITE J
 DUNNELLO, FL 34432 US**

2. Principal Place of Business - No P.O. Box #
12727 SW 93 ST

3. Mailing Address
12727 SW 93 ST


Suite, Apt. #, etc.
Dunnellon FL

City & State
Dunnellon FL

City & State
FL

Zip
34432

Country
US



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3765630

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**VITARELLI, BRUCE
 12727 SW 93RD ST.
 SUITE J
 DUNNELLO, FL 34431**

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.

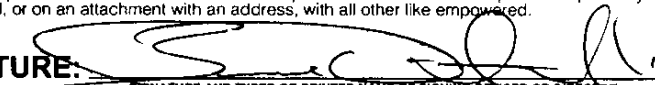
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITARELLI, BRUCE	NAME	
STREET ADDRESS	12727 SW 93RD ST.	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLO SUITE J, FL 34431	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **4-30-07**

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

ATTACHMENT

40095391

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Division of Corporations
April 30, 2007

Enclosed is a check for my annual fee.
I never received my card as my address changed.
I did notify you of change of address.

I am hopeful that having this post marked on time will be
good enough.

I tried to file on line with a credit card but the site would not open

Please call me if there is a problem. 352-4652776

Thank you



Bruce Vitarelli