

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096316

Entity Name: MARBELLA DESIGN & FABRICS INC

FILED  
Apr 03, 2009  
Secretary of State

**Current Principal Place of Business:**

2100 TRADE CENTER WAY  
E  
NAPLES, FL 34109 US

**New Principal Place of Business:**

2100 TRADE CENTER WAY  
E  
NAPLES, FL 34109 US

**Current Mailing Address:**

2100 TRADE CENTER WAY  
E  
NAPLES, FL 34109 US

**New Mailing Address:**

FEI Number: 26-3674440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEYER, ALISON A  
11379 LAKE CYPRESS LOOP  
FT MYERS, FL 33913 US

**Name and Address of New Registered Agent:**

MEYER, ALISON A  
2100 TRADE CENTER WAY STE E  
NAPLES, FL 34109 US

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.

SIGNATURE: ALISON MEYER

04/03/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MEYER, ALISON A  
Address: 11379 LAKE CYPRESS LOOP  
City-St-Zip: FT MYERS, FL 33913 US

Title: VP ( ) Delete  
Name: GIORGI, PATRICIA C  
Address: 28847 VERMILLION LN  
City-St-Zip: BONITA SPRINGS, FL 33135 US

Title: MG (X) Delete  
Name: KOVAR, VILMA B  
Address: 12966 WHITE VIOLET DR  
City-St-Zip: NAPLES, FL 34119 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MEYER, ALISON A  
Address: 2100 TRADE CENTER WAY STE E  
City-St-Zip: NAPLES, FL 34109 US

Title: MG (X) Change ( ) Addition  
Name: KOVAR, VILMA B  
Address: 2100 TRADE CENTER WAY STE E  
City-St-Zip: NAPLES, FL 34109 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALISON MEYER

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date