

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000064083

Entity Name: INVERSIONES MARVELO INC

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

5700 LAKESIDE DR  
511  
MARGATE, FL 33063

## **New Principal Place of Business:**

4302 SW LAGRANGE ST  
PORT SANT LUCIE, FL 34953

## **Current Mailing Address:**

5700 LAKESIDE DR  
511  
MARGATE, FL 33063

## **New Mailing Address:**

4302 SW LAGRANGE ST  
PORT SANT LUCIE, FL 34953

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARVELO, ANA K  
5700 LAKESIDE DR  
511  
MARGATE, FL 33063 US

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

ARVELO, ANA K  
4302 SW LAGRANGE ST  
PORT SANT LUCIE, FL 34953 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: ANA K ARVELO

03/25/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: VP  
Name: MAROTTA, MANUEL  
Address: 4302 SW LAGRANGE ST  
City-St-Zip: PORT SANT LUCIE, FL 34953

Title: PRES  
Name: ARVELO, ANA K  
Address: 4302 SW LAGRANGE ST  
City-St-Zip: PORT SANT LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: ANA ARVELO

P

03/25/2011

Electronic Signature of Signing Officer or Director

Date