



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90050 025 \*\*\*150.00

<b>DOCUMENT # P93000065822</b> 1. Entity Name <b>MARISABEL ENTERPRISES, INC.</b>					
Principal Place of Business <b>4002 W WATERS AVE #6</b> <b>TAMPA, FL 33614</b>			Mailing Address <b>4002 W WATERS AVE #6</b> <b>TAMPA, FL 33614</b>		
2. Principal Place of Business <b>4802 GUNN Hwy</b> Suite, Apt. #, etc. <b>152</b> City & State <b>Tampa FL</b> Zip <b>33624</b>		3. Mailing Address <b>4802 GUNN Hwy</b> Suite, Apt. #, etc. <b>152</b> City & State <b>Tampa FL</b> Zip <b>33624</b>			
03152004 Chg-P CR2E034 (10/03)				4. FEI Number <b>59-3215983</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MEDINA, MARIA I</b> <b>4002 W WATERS AVE</b> <b>#6</b> <b>TAMPA, FL 33614</b>			7. Name and Address of New Registered Agent  Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>4802 W GUNN Hwy Ste 152</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33624</b>		
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 <u><i>Elly Medina</i></u> <span style="float: right;">3/15/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MEDINA, MARIA I <del>4002 W WATERS AVE #6</del> <del>TAMPA, FL 33614</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4802 GUNN Hwy Ste 152 Tampa FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEDINA, ELLYN C <del>4002 W WATERS AVE #6</del> <del>TAMPA, FL 33614</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4802 GUNN Hwy Ste 152 Tampa, FL 33624	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAS, ISABEL 16004 SHAREWOOD DR TAMPA, FL 33618	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Elly Medina</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/15/04 <small>Date Daytime Phone #</small>		