

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089398

FILED  
Sep 01, 2004  
Secretary of State

Entity Name: MARILENE'S HAND PAINTED APPAREL, INC.

**Current Principal Place of Business:**

1739 NW 38 AVE  
LAUDERHILL, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 667527  
POMPANO BEACH, FL 33066 US

**New Mailing Address:**

1739 NW 38 AVE  
LAUDERHILL, FL 33311 US

FEI Number: 65-0559169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

OLIVEIRA, ALEX F  
2923 SW 11 PLACE  
POMPANO BEACH, FL 33442 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OLIVEIRA, ALEX  
Address: 2923 SW 11 PLACE  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP ( ) Delete  
Name: RICARDS, MARILENE F  
Address: 1936 S.E. 17TH COURT  
City-St-Zip: POMPANO BEACH, FL 33062

Title: S ( ) Delete  
Name: OLIVEIRA, ADRIMARTA  
Address: 3545 W. ATLANTIC BLVD. #716  
City-St-Zip: POMPANO BEACH, FL 33069

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

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

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

Title: S (X) Change ( ) Addition  
Name: OLIVEIRA, ADRIMARTA  
Address: 3223 CARAMBOLLA CIRCLE SOUTH  
City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEX OLIVEIRA

P

09/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date