


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90046 031 ***150.00

DOCUMENT # P96000011991			
1. Entity Name MARIVI'S CUSTOM CAKES, INC.			
Principal Place of Business 9953 SW 142ND AVE MIAMI, FL 33186		Mailing Address 9953 SW 142ND AVE MIAMI, FL 33186	
2. Principal Place of Business <i>14237 SW 100 Lane</i>		3. Mailing Address <i>14237 SW 100 Lane</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami, Florida</i>		City & State <i>Miami, Florida</i>	
Zip <i>33186</i>	Country <i>USA</i>	Zip <i>33186</i>	Country <i>USA</i>
4. FEI Number 65-0644870		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLO-BASSABE, MARIA V 14237 SW 100TH AVE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>14237 SW 100 Lane</i> City <i>Miami</i> FL Zip Code <i>33186</i>	
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 <i>Maria V Carlo-Bassabe</i> DATE <i>3/15/04</i> <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASABE, MARIA V 14237 SW 100TH LANE MIAMI, FL 33186 <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	ST BASABE, PABLO 14237 SW 100TH LANE MIAMI, FL 33186 <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
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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: <i>Maria V Carlo-Bassabe</i>		DATE <i>3/15/04</i> Daytime Phone # <i>305-388-0010</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	