


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90007 032 \*\*\*150.00

DOCUMENT # P96000033145		
1. Entity Name MARENA PAGE, INCORPORATED		

Principal Place of Business 3000 TOWERSIDE TERR PH 12 MIAMI, FL 33138	Mailing Address 3000 TOWERSIDE TERR PH 12 MIAMI, FL 33138
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2. Principal Place of Business 2000 TOWERSIDE TERR Suite, Apt. #, etc. #PH12	3. Mailing Address 200 TOWERSIDE TERR Suite, Apt. #, etc. #PH12
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City & State MIAMI FL	City & State MIAMI FL
Zip 33138	Zip 33138
Country DADE	Country DADE

54007119



02042004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0659546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIBOWITZ, MAUREENA 2000 TOWERSIDE TERR PH 12 MIAMI, FL 33138	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIBOWITZ, MAUREENA 2000 TOWERSIDE TERR, PH 12 MIAMI, FL 33138 <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	DS DIBOWITZ, SELWYN 2000 TOWERSIDE TERR #PH12 MIAMI, FL 33138 <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 checked="" 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: 	SELWYN DIBOWITZ	2/11/04	305-893-1654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Attachment



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

54007119

bprmc cslj

February 4, 2004

MARENA PAGE, INCORPORATED  
3000 TOWERSIDE TERR  
PH-12  
MIAMI, FL 33138

2000

NOT 3000

SUBJECT: MARENA PAGE, INCORPORATED  
Ref. Number: P96000033145

We have received your document for MARENA PAGE, INCORPORATED and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton  
Document Specialist

Letter Number: 604A00007628

  
www.sunbiz.org**Attachment**  
**Division of Corporations**

54007119

**Receipt**

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P96000033145**Tracking Number: **600026754646**

The charge for your Annual Report is  
**\$150.00**

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

**Continue****Sunbiz Home Page****Public Access Help**

Please note check # 256 enclosed.  
tried to pay online but did not  
succeed

Sincerely  
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