

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90014 006 ***158.75

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DOCUMENT # P96000050719 1. Entity Name MARCIA A. CHERELLO, INC.					
Principal Place of Business 855 S. FEDERAL HWY STE 212M BOCA RATON, FL 33432 US			Mailing Address 21557 EAST HOLLANDAIRE BOCA RATON, FL 33433		
2. Principal Place of Business Suite, Apt. #, etc. Suite # 205		3. Mailing Address Suite, Apt. #, etc. City & State City & State Zip Country Zip Country			
4. FEI Number 65-0671571			Applied For Not Applicable		
5. Certificate of Status Desired ☒			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCLAUGHLIN, GREGORY A 110 TOWER, TWENTY-EIGHTH FLOOR 110 SOUTHEAST SIXTH STREET FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D CHERELLO, MARCIA A 21557 EAST HOLLANDAIRE BOCA RATON, FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Marcia A. Cherello President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1-14-04					
Daytime Phone: 561-394-2622					