

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90084 044 \*\*\*150.00

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02132005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P96000085435</b> 1. Entity Name <b>MARSWEX GLOBAL ENTERPRISES, INC.</b>			
Principal Place of Business <b>670 ISLAND WAY SUITE 300 CLEARWATER BEACH, FL 33767 US</b>		Mailing Address <b>670 ISLAND WAY SUITE 300 CLEARWATER BEACH, FL 33767 US</b>	
2. Principal Place of Business <b>3236 GLENRIDGE COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>3236 GLENRIDGE COURT</b> Suite, Apt. #, etc.	
City & State <b>PALM HARBOR, FL</b> Zip <b>34685-1729</b>		City & State <b>PALM HARBOR, FL</b> Zip <b>34685-1729</b>	
4. FEI Number <b>59-3409285</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAMMOND, JAMES M ESQ 1831 NORTH BELCHER ROAD #A-1 CLEARWATER, FL 34625</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <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 After May 1, 2005 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	P <input type="checkbox"/> Delete <b>WECHSLER, SERGIO 670 ISLAND WAY SUITE #300 CLEARWATER, FL 33767</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3236 GLENRIDGE COURT PALM HARBOR, FL 34685-1729</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>WECHSLER, MARK 5655 WELLINGTON DR PALM HARBOR, FL 34685</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3236 GLENRIDGE COURT PALM HARBOR, FL 34685-1729</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>WECHSLER, ANDREW 5655 WELLINGTON DR PALM HARBOR, FL 34685</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3048 EASTLAND BLVD # 203 CLEARWATER, FL 33761</b>
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
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:		<b>SERGIO WECHSLER</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>MAR 28, 2005</b> Daytime Phone # <b>(727) 771-1521</b>	