2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000085435

MARSWEX GLOBAL ENTEPRISES, INC.



FILED Feb 06, 2008 08:00 AM **Secretary of State**

Principal Place of Business

3236 GLENRIDGE CT

PALM HARBOR, FL 34685-1729 US

Mailing Address

3236 GLENRIDGE CT

PALM HARBOR, FL 34685-1729 US



01232008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3409285

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, JAMES M ESQ 1831 NORTH BELCHER ROAD #A-1 CLEARWATER, FL 34625

DO NOT W

				IIN	I IIIS SPACE
	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	ered office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	applicable (NOTE: Registe	red Agent signature	a required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	P WECHSLER, SERGIO 3236 GLENRIDGE CT PALM HARBOR, FL 346851729				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP WECHSLER, MARK P.O. BOX 462 MINTURN, CO 81645		, ·		000000818350 02/15/08-80039-002 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VP WECHSLER, ANDREW 3048 EASTLAND BLVD #203 CLEARWATER, FL 33761			DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CHY-ST-7IP					

led with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, i further certify that the information 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the same legal of the same lega 12. I hereby certify that the information sub-indicated on this report of supplementa of the corporation or the receiver or trus changed, or on an attachr

TITLE

STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGIO WECHSLER