

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90045 013 \*\*\*150.00

**DOCUMENT # P97000039509**

1. Entity Name

MARIELA GRAPHICS, INC.



Principal Place of Business

9815 W. SAMPLE RD.  
 CORAL SPRINGS FL 33065  
 US

Mailing Address

9815 W. SAMPLE RD  
 1818 SOUTH AUSTRALIAN AVENUE  
 CORAL SPRINGS FL 33065  
 US

34000100

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

9815 W. Sample Rd

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State

City & State  
 Coral Springs FL

4. FEI Number

65-0753538

Applied For

Not Applicable

Zip

Country

Zip

Country

133065 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WERNICK, HOWARD  
 9815 W. SAMPLE RD.  
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name: Wernick, Penny  
 Street Address (P.O. Box Number Not Acceptable): 9815 W. Sample Rd.  
 City: Coral Springs FL 33065

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: Penny Wernick  
Signature, typed or printed name of registered agent and title if applicable.

Penny Wernick  
(NOTE: Registered Agent signature required when reinstating)

DATE: 4/1/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WERNICK, HOWARD	
STREET ADDRESS	9815 W. SAMPLE RD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penny Wernick	
STREET ADDRESS	9815 W. Sample Rd	
CITY-ST-ZIP	Coral Springs FL 33065	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Penny Wernick  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

984  
 7965  
 0031