


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90122 028 \*\*\*150.00

DOCUMENT # P97000039509  
 1. Entity Name  
 MARIELA GRAPHICS, INC.



Principal Place of Business      Mailing Address  
 9815 W. SAMPLE RD.      9815 W. SAMPLE RD.  
 CORAL SPRINGS, FL 33065 US      ~~1818 SOUTH AUSTRALIAN AVENUE~~  
 CORAL SPRINGS, FL 33065 US

**DO NOT WRITE IN THIS SPACE**



01122005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0753538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 WERNICK, PENNY  
 9815 W. SAMPLE RD.  
 CORAL SPRINGS, FL 33065

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WERNICK, PENNY
STREET ADDRESS	9815 W. SAMPLE RD.
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 - Penny Wernick, President - 4/5/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

937-796 0031