

ANNUAL REPORT

DOCUMENT # P98000024571

1. Entity Name
MARSEL OWO, INC.



Principal Place of Business
8200 SW 140TH AVE
MIAMI, FL 33183 US

Mailing Address
PO BOX 832891
MIAMI, FL 33183 US

FILED
Mar 31, 2005 08:00 AM
Secretary of State



02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0820875
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SELMORE, VERA B
8200 SW 140TH AVE
MIAMI, FL 33183

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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 *V/B*

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, 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	TD
NAME	WASHINGTON, MICHAEL S
STREET ADDRESS	8200 SW 140 ST
CITY - ST - ZIP	MIAMI, FL 33183
TITLE	PSTD
NAME	SELMORE, VERA B
STREET ADDRESS	PO BOX 832891
CITY - ST - ZIP	MIAMI, FL 33182
TITLE	D
NAME	WASHINGTON, MARC S
STREET ADDRESS	8200 SW 140 AVE
CITY - ST - ZIP	MIAMI, FL 33183
TITLE	D
NAME	SELMORE, KIMBERLY A
STREET ADDRESS	13 MASTERS DRIVE
CITY - ST - ZIP	ST. AUGUSTINE, FL 32084
TITLE	D
NAME	AKENDE, AKENDELE
STREET ADDRESS	8200 SW 140 AVENUE
CITY - ST - ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000281491
03/31/05-80005-002 150.00

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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:

VERA B. SELMORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-05 (305) 388-1284

Date

Daytime Phone #