

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05990

FILED
Jan 05, 2004
Secretary of State

Entity Name: MARPE INTERNATIONAL ENTERPRISES INC.

Current Principal Place of Business:

3167 LAKE BREEZE CIR
ST CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

3167 LAKE BREEZE CIR
ST CLOUD, FL 34771

New Mailing Address:

FEI Number: 59-3032788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISNER, PETER P.
3167 LAKE BREEZE CIR
ST CLOUD, FL 34771

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EISNER, PETER P.,
Address: 3167 LAKE BREEZE CIR
City-St-Zip: ST CLOUD, FL

Title: VDS () Delete
Name: EISNER, MARIA,
Address: 3167 LAKE BREEZE CIR
City-St-Zip: ST CLOUD, FL

Title: T () Delete
Name: EISNER, MARIA,
Address: 3167 LAKE BREEZE CIRCLE
City-St-Zip: ST. CLOUD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EISNER, PETER P.,
Address: 3167 LAKE BREEZE CIR
City-St-Zip: ST CLOUD, FL 34771 US

Title: VDS (X) Change () Addition
Name: EISNER, MARIA,
Address: 3167 LAKE BREEZE CIR
City-St-Zip: ST CLOUD, FL 34771 US

Title: T (X) Change () Addition
Name: EISNER, MARIA,
Address: 3167 LAKE BREEZE CIRCLE
City-St-Zip: ST. CLOUD, FL 34771 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER P.EISNER

PD

01/05/2004

Electronic Signature of Signing Officer or Director

Date