2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 11, 2005 08:00 AM Secretary of State

703-869-6366 Daytime Phone #

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	ANNOAL		, 2000 00.00 1		
1. Entity Nan	MENT # M37256 MARRA INC.			Secr	etary of State
Principal Place of Business Mailing Address 108 MARCIA DR. 108 MARCIA DR. ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714					- II alauk anak araw araw arawazi ii kaar
DO NOT WRITE IN THIS SPACE 5. Name and Address of Current Registered Agent				03092005 No Chg-P 4. FEI Number 59-2712159	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
LEMUS, ANTONIO, C.P.A. 108 MARCIA DRIVE — ALTAMONTE SPRINGS, FL 32714			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 Signature, typed or printed name of registered agent and title if applicable NOTE. Registered Agent signature required when reinstating) DATE					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added t				.00 May Be ed to Fees	
10. TITLE NAME STREET ADORESS CITY-ST-ZIP	PST SOSA, ALBERTO 108 MARCIA DR. ALTAMONTE SPRINGS, FL 32714	CTORS		//0000025 03/11/05-80	59182 5015-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			 		JO15-901 130.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		· . · · · · · · · · · · · · · · · · · ·		DO NOT WR	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	CE
NAME STREET ADDRESS CITY-ST-ZIP			·- =··		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
12. Thereby certify that the information supplied with this filling 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 encouvered.					