



FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90010 011 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000081171 1. Entity Name MADURI INTERIORS, INC.		
Principal Place of Business 3151 N. COURSE LANE SUITE 106 POMPANO BEACH FL 33069		Mailing Address 3151 N. COURSE LANE SUITE 106 POMPANO BEACH FL 33069
2. Principal Place of Business 3151 N. Course Lane Suite, Apt. #, etc. 106		3. Mailing Address 3151 N. Course Lane Suite, Apt. #, etc. 106
City & State Pompano Beach		City & State Pompano Beach, FL
Zip 33069	Country USA	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MAGGIO, BEATRIZ 3151 N. COURSE LANE SUITE 106 POMPANO BEACH FL 33069
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		54021790  MOORE CR2E034 (11/03)
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 <u><i>Beatriz Maggio</i></u> DATE <u>2/16/04</u> <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when resigning.)</small>		
FILE NUMBER: FPFMS 335A 00 After May 1, 2004, Fee will be \$390.00. Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME MAGGIO, BEATRIZ STREET ADDRESS 3151 N. COURSE LANE CITY - ST - ZIP POMPANO BEACH FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HILSBURG, BEATRIZ STREET ADDRESS 3151 N. COURSE LANE CITY - ST - ZIP POMPANO BEACH FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME COSTAS, CARLOS STREET ADDRESS 3151 N. COURSE LANE CITY - ST - ZIP POMPANO BEACH FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BLANK, DANIEL MOSCO STREET ADDRESS 3151 N. COURSE LANE CITY - ST - ZIP POMPANO BEACH FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BLANK, ELSA MOSCO STREET ADDRESS 3151 N. COURSE LANE CITY - ST - ZIP POMPANO BEACH FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(f), 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: <u><i>Beatriz Maggio</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR</small>		Date: <u>2/16/04</u> Daytime Phone #: <u>9542923312</u>