

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90017 038 ***150.00

DOCUMENT # S38488	
1. Entity Name MARVEX INTERNATIONAL, INC.	

Principal Place of Business 3800 N HILLS DRIVE SUITE 217 HOLLYWOOD FL 33021 US	Mailing Address 3800 N HILLS DRIVE SUITE 217 HOLLYWOOD FL 33021 US
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2. Principal Place of Business 2735 LINCOLN ST.	3. Mailing Address 2735 LINCOLN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HOLLYWOOD FL.	City & State HOLLYWOOD FL.
Zip 33020	Country
Zip 33020	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0262545	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRALEY, STEPHEN J. 3990 SHERIDAN ST. SUITE 110 HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: C. M. Hategan **CORNELIU M. HATEGAN** 03/01/04 954-920-7938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #