**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)
T# 413294

**DOCUMENT#** 

1. Entity Name

MARILLET MATTAR 1011



## **FILED** Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90185 043 \*\*\*150.00

WYNUWUND TIV NRS /IVC -				
Principal Place of Business 496 NW 5448ST 496 NW 5448ST MAMI FE. 33129 MIAMI FE. 33129				
2. Principal Place of Business		3. Mailing Address		THE REPORT OF THE PART OF THE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country Zip Count		Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			T	7. Name and Address of New Registered Agent
JEAN-MARIERIVAGE			Name	
416 N.W. 54CH STREET			Street Address	s (P.O. Box Number is Not Acceptable)
MAN-MARIERIVAGE 476 N.W. 54CH STREET MIHMI, FL. 33127				
/			City	FL Zip Code
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				
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.				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	Joy Ash	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	3/12/14/1/16/14/14/14/14/14/14/14/14/14/14/14/14/14/	MM Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	<del>- 15.</del>	☐ Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.				