2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 530931 02-17-2004 90025 008 ***185 00 1. Entity Name MARILU CONSTRUCTION, INC. Principal Place of Business Mailing Address 40 NW 135 AVE P.O. BOX 651204 40 NW 135 AVE P.O. BOX 651204 **MIAMI FL 33265 MIAMI FL 33265** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1733834 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARIA (DECEASED) GALDEANO MESA, PEDRO P Street Address (P.O. Box Number is Not Acceptable) 40 N.W. 135 AVE 40 NW 135 AVE **MIAMI FL 33165** MIAMI, FLORIDA 33182 City Zip Code 33182 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 70-(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition MESA, PEDRO P. NAME NAME (DECEASED) 40 N. W. 135TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33182 CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition MESA, MERCEDES NAME NAME STREET ADDRESS 40 N. W. 135TH AVENUE STREET ADDRESS MIAMI FL 33182 CITY-ST-ZIP CITY-ST-ZIP DP SS TITLE Delete TITLE Change Addition MESA, MARIA LUZ------NAME STREET ADDRESS 110 NW 135TH AVENUE STREET ADDRESS. CITY-ST-ZIP MIAMI FL 33182 CITY-ST-ZIP TITLE ☐ Delete DVP NAME NAME DAVID GALDEANO STREET ADDRESS STREET ADDRESS 110 N.W. 135 AVE MIAMI, FLA 33182 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fifting 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:

FILED Mar 02, 2004 8:00 am