

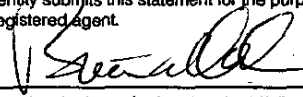



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90043 030 ****61.25

DOCUMENT # 745438 1. Entity Name MARIALA III, INC.					
Principal Place of Business 20975 PINAR TRAIL BOCA RATON, FL 33433 US				Mailing Address 20975 PINAR TRAIL BOCA RATON, FL 33433 US	
2. Principal Place of Business 1800 N.W. Corporate Blvd. Suite, Apt. #, etc. Suite 102		3. Mailing Address 1800 N.W. Corporate Blvd. Suite, Apt. #, etc. Suite 102			
City & State Boca Raton, Florida		City & State Boca Raton, Florida		4. FEI Number 59-2043056	
Zip 33431 Country U.S.A.		Zip 33431 Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEIMBERG, PAUL E 2401 CORPORATE BLVD, SUITE 300 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Kahan & Associates, P.L. Street Address (P.O. Box Number is Not Acceptable) 1800 N.W. Corporate Blvd. Suite 102 City Boca Raton FL Zip Code 33431	
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  BRIAN A. KAHAN DATE 1/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHAN, MINDY 20975 PINAR TRAIL BOCA RATON, FL 33433	<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	SD HEIMBERG, DENISE 20902 PINAR TRAIL BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 North Ocean Blvd. - #1608 Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAHAN, BRIAN 20902 PINAR TRAIL BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20975 Pinar Trail	
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	
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	
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 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 617, 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:  BRIAN A. KAHAN Date 1/20/04 Daytime Phone # 561-999-5999 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					