


**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

01072004 Chg-NP CR2E037 (10/03)

City & State  
 Boca Raton, Florida

City & State  
 Boca Raton, Florida

Zip 33431 Country U.S.A.

Zip 33431 Country U.S.A.

4. FEI Number  
 59-2043056

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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~~

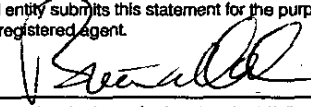
7. Name and Address of New Registered Agent

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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  \$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 <del>20992 PINAR TRAIL</del> <del>BOCA RATON, FL 33433</del> <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 <del>20992 PINAR TRAIL</del> 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR