2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 811843 1. Entity Name MARLLO, INC.			Feb 16, 2004 08:00 AM Secretary of State	
			A SERVICE OF THE PERSON OF THE	
Principal Place	e of Business	Mailing Address		·
		2400 E. SILVER PALM A BOCA RATON FL 33432		
	= 44 .4=			
2 Principal Pl	ace of Business	3. Mailing Address	, , , , , , , , , , , , , , , , , , , 	
Z. Frincipal Flace of Dusiness		o. Maining Address		
Suite, Apt. #, etc.		Suife, Apt #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number OO 4400000 Applied For
				38-1462399 Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CMI	TU LLOVD E		Name	
SMITH, LLOYD E 2400 E. SILVER PALM AVE			Street Addre	ss (P.O. Box Number is Not Acceptable)
BOC	A RATON FL 33432			, <u>, , , , , , , , , , , , , , , , , , </u>
			City	FL Zip Code
A The above	named entity submits this statement to	or the number of changing its re	enistered office or reni	stered agent, or both, in the State of Florida. I am familiar with, and accer
the obligati	ons of registered agent.	in the purpose of origing its re	giatajos omos si regi	Stored agon, or sorting in the state of the
SIGNATURE .				
	Signature typed or printed name of registered agent	and little if applicable, (NOTE I	Registered Agent signature rec	ruired when roinstating) 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 \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T1
	PVST	Delete	TITLE	☐ Change ☐ Addition ☐ Change
	SMITH, LLOYD E 2400 E. SILVER PALM AVE		NAME STREET ADDRESS	92/16/0 <mark>4-80063-015 150.00</mark>
CITY-ST-ZIP	BOCA RATON FL 33432	··	CITY - ST - ZIP	
	D OMITH CADY	☐ Delete	TOTE	☐ Change ☐ Addition
	SMITH, GARY 2400 E. SILVER PALM AVE		NAME STREET ADDRESS	
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NAME		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS CITY+ST-ZIP		L.i Delete	1	[_] Change [_] Addals. ,

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 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 changed, or on an attachment with arranders, with all other like empowered. SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Tel 8, 2004 561-338-7867
Date Daysine Phone 8

FILED