

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # F94000005617

1. Entity Name
MARA MADE LTD. INC.



Principal Place of Business
**5220 GULF OF MEXICO DR.
SUITE 104
LONGBOAT KEY, FL 34228**

Mailing Address
**5220 GULF OF MEXICO DR.
SUITE 104
LONGBOAT KEY, FL 34228**



02082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **04-3144043** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, BLAIR
5220 GULF OF MEXICO DR.
SUITE 104
LONGBOAT KEY, FL 34228**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, BLAIR
STREET ADDRESS	5220 GULF OF MEXICO DR.
CITY - ST - ZIP	LONGBOAT KEY, FL 34228
TITLE	STD
NAME	TAYLOR, MARA
STREET ADDRESS	5220 GULF OF MEXICO DR.
CITY - ST - ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/25/04-80019-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Blair Taylor **BLAIR TAYLOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.23.04 941-3881476

Date

Daytime Phone #