

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90150 046 ***150.00

DOCUMENT # G23614					
1. Entity Name MARUN, INC.					
Principal Place of Business 6536 LANDINGS COURT BOCA RATON, FL 33496			Mailing Address 6536 LANDINGS COURT BOCA RATON, FL 33496		
2. Principal Place of Business 6536 Landings Ct			3. Mailing Address 6536 Landings Ct		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Boca Raton FL			City & State Boca Raton FL		
Zip 33496		Country		4. FEI Number 65-0494322	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARUN, DELIA 6494 N.W. 38 WAY BOCA RATON, FL 33496			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature:			DATE: 04-27-04		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME MARUN, MARIO	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 6494 N.W. 38 WAY
CITY - ST - ZIP BOCA RATON, FL 33496					
TITLE VP	NAME MARUN, DELIA NADERDE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 6494 N.W. 38 WAY
CITY - ST - ZIP BOCA RATON, FL 33496					
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CITY - ST - ZIP BOCA RATON, FL 33496					
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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:			DATE: 04-27-04 (SB) 999-0562		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		