

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State

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| DOCUMENT # J91879 1. Entity Name MAR JOFRA, INC. |  |
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| Principal Place of Business 765 CRANDON BLVD 607 KEY BISCAYNE FL 33149 US | Mailing Address 765 CRANDON BLVD 607 KEY BISCAYNE FL 33149 US |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

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|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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|---|--|
| HERDOCIA R., JORGE U. 9321 JSW 136TH ST MIAMI FL 33176 | Name Street Address (P O. Box Number is Not Acceptable) City |
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| 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. |
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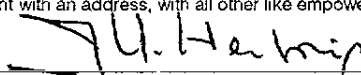
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|-----------|--|------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|----------------------------|---|

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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HERDOCIA R., JORGE U. 765 CRANDON BLVD., #607 KEY BISCAYNE FL 33149 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HERDOCIA, NINA M. DE 765 CRANDON BLVD., #607 KEY BISCAYNE FL 33149 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FRANCISCO J. HERDOCIA 7489 NW 7 ST MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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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)(f), 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 changed, or on an attachment with an address, with all other like empowered. |
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|--|-------------------------|
| SIGNATURE:  | DATE: MAY 11, 05 |
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1st MOORE CR2E034 (10/04)

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|------------------------------------|-------------------------------|
| 4. FEI Number 65-0019160 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent |
| FL Zip Code |

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|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

100000361025
05/05/05-80060-005 150.00

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| <input type="checkbox"/> Change <input type="checkbox"/> Add |
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Daytime Phone # **(305) 262-8340**