## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 28, 2005 08:00 AN DOCUMENT # P00000049257 **Secretary of State** 1. Entity Name MAR ESTE CORP. Principal Place of Business 501 BRICK 501 BRICKELL KEY DR ELL KEY DR STE 504 STF 504 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. Suite Apt # etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1032476 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, WESLEY ESQ Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DR **STE 504 MIAMI FL 33131** City Zip Code 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 rine it applicable 'NOTE Rears'ered Agent's gnature required when reinstating." DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITEE TITLE ☐ Change Addition Delete NAME PALLI, ESTHER NAME -U00000245778 128705-80099-305 156.03 STREET ADDRESS 1121 CRANDION BLVD UNIT D 1003 STREET AUDRESS KEY BISCAYNE FL 33149 CITY - ST - Z4 CITY ST-ZIE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-Z-P TITLE Delete HILE ☐ Change Addition NAM MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition THLE ☐ Delete ÜÜLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P THILE ĭtît ê ☐ Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- AP

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: Little A Pacific Esther A Palli President 4905 46748.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05 Cavine

**FILED**