2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2004 08:00 AM Secretary of State DOCUMENT # P01000009982 1. Entity Name MARAVIONICS, INC. Principal Place of Business Mailing Address 14806 SW 90 TERR 7275 NW 61 STREET MIAMI, FL 33196-1467 US MIAMI, FL 33166-3701 US 01212004 No Chg-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1101541 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, CARLOS DO NOT WRITE 14806 SW 90 TERR MIAMI, FL 33196 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. PTD SHE NAME MARTINEZ, CARLOS 14806 SW 90 TERR STREET ADDRESS CITY - ST - ZIP MIAMI, FL 331961467 U00000098038 सराह 03/29/04-80024-023 150-00 MARTINEZ, JOSE I 14806 SW 90 TERR STREET ADDRESS City-S1-ZIP MIAMI, FL 331961467 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 receivery of the section of the corporation or the receivery of the section of the corporation or the receivery of the section of the corporation or an attachment of the corporation of

SIGNATURE:

NAME STREET ADDRESS City-51-7(P

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-994*-9*900

Daytime Phone #

FILED