


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000038347		
1. Entity Name MARIMILA INTERIOR'S, INC.		

Principal Place of Business 17841 SW 4TH COURT BOCA RATON, FL 33029	Mailing Address 17841 SW 4TH COURT BOCA RATON, FL 33029
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2. Principal Place of Business 17841 SW 4TH COURT	3. Mailing Address 17841 SW 4TH COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03162004 Chg-P CR2E034 (10/03)

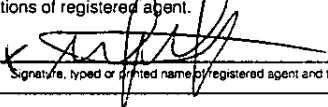
City & State Pembroke Pines	City & State Pembroke Pines
Zip FL	Country 33029
City & State Pembroke Pines	City & State Pembroke Pines
Zip FL	Country 33029

4. FEI Number 65-1093068	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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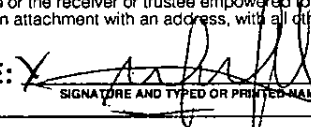
6. Name and Address of Current Registered Agent FLECHA, MARIE M 17841 SW 4TH COURT BOCA RATON, FL 33029	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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.	
SIGNATURE 	DATE 03-16-04
(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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLECHA, MARIA M 17841 SW 4TH COURT BOCA RATON, FL 33029	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Flecha, Marie M. 17841 SW 4TH COURT Pembroke Pines FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400030946754 03/23/04--01105--003 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 03-16-04 / 661/2547217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	