



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90466 037 ***150.00

DOCUMENT # P01000110741 1. Entity Name MARILIN'S, INC.					
Principal Place of Business 5001 6TH AVENUE NORTH ST. PETERSBURG, FL 33710			Mailing Address POST OFFICE BOX 16056 ST. PETERSBURG, FL 33733		
2. Principal Place of Business 6842 32ND AV N.		3. Mailing Address P O Box 16056			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05062004 Chg-P CR2E034 (10/03)	
City & State St Petersburg		City & State St. Petersburg FL		4. FEI Number 59-3756573	
Zip 33710		Country Pineellas		Applied For Not Applicable	
Zip 33710		Country Pineellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name MARILIA AHUMADA Street Address (P.O. Box Number is Not Acceptable) 6842 32ND AV N City St. Petersburg FL Zip Code 33710		
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 <u><i>[Signature]</i></u> DATE 04-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AHUMADA, MARILYN 5001 6TH AVENUE NORTH ST. PETERSBURG, FL 33710		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARILIN AHUMADA 6842 32ND AV N ST. PETERSBURG FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04-30-04 (727) 542-4666		