2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Aug 25, 2004 8:00 am Secretary of State DOCUMENT # P02000004852 1. Entity Name 08-25-2004 90005 031 ***550 00 MAR - LEN EMBROIDER & DESIGN, INC. Mailing Address Principal Place of Business BAY A 3 7725 W 26TH AVE BAY# 3 7725 W 26TH AVE HIALEAH FL 33016 HIALEAH FL 33016 24081520 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State Applied For 4. FEI Number 04-3587298 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VENERO, HELEN Street Address (P.O. Box Number is Not Acceptable) 14840 DADE PINE AVE. MIAMI LAKES FL 33014 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 are, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition GALAN, MARIA ELOINA NAME STREET ADDRESS 1333 WEST 49 PLACE #302 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP VSD TITLE Delete Change ■ Addition VENERO, HELEN NAME MARKE STREET ADDRESS 14840 DADE PINE AVE. STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ППЕ ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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.

Helen Venero, VICEPRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED