## 2004 FOR PROFIT CORPORATION

## Jul 14, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000008154 MARVEL RESTAURANT GROUP, INC. Principal Place of Business Mailing Address 9595 COLLINS AVENUE 9595 COLLINS AVENUE **STE 504** STE 504 SURFSIDE, FL 33154 SURFSIDE, FL 33154 07052004 No Chg-P CR2F034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 04-3588239 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KADE, PAUL M ESQ. DO NOT WRITE 9200 S. DADELAND BLVD. IN THIS SPACE SUITE 400 MIAMI, FL 33156-2712 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 tale if applicable. (NOTE: Registered Apent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE MARVEL, RAYMOND C NAME STREET ADDRESS 9595 COLLINS AVENUE STE 504 Ummmierne SURFSIDE, FL 33154 CTY-ST-ZP 14/14/04-80002-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP \* - \$65.0 & for a contract continuous and con-TITLE NAME STREET ADDRESS 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.

TITLE

STREET ADDRESS CITY-ST-ZIP

FILED