## 2004 FOR PROFIT CORPORATION

## May 03, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000027805 1. Entity Name MARMO BRA CORP. Principal Place of Business Mailing Address 6740 NW 37TH AVE 6740 NW 37TH AVE MIAMI, FL 33147 MIAMI, FL 33147 05032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0609607 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BOF, PABLO DO NOT WRITE 27060 HOLLY LN BONITA, FL 34135 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS .::000000154753 US/05/04-80009-021 150.00 TITLE BOF, PABLO NAME 27060 HOLLY LN STREET ADDRESS CITY-ST-ZIP BONITA, FL 34135 CABANELLA, GUSTAVO NAME STREET ADDRESS 6740 NW 37TH AVE CITY-ST-ZIP MIAMI, FL 33147 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**