2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

ÉIÏ FD **DOCUMENT # P02000060619** 1. Entity Name VICTOR MARURI, INC. 04 MAR 12 AM 7: 46 SECALINAL OF STATE TALLER OF STATE Pirincipal Place of Business Mailing Address 17255 SW 95 AVE 17255 SW 95 AVE APT I-121 APT I-121 MIAMI, FL 33157 MIAMI, FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 02-0616459 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARURI, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 17255 SW 95 AVE **APT I-121** <u>oooosos</u>aasoo MIAMI, FL 33157 03/17/04--01**0**25 3. 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 registering) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. V ☐ Change 【 Addition TITLE ☐ Delete TITLE MARURI, VICTOR NAME NAME Maruri, Alberto STREET ADDRESS 17255 SW 95 AVE STREET ADDRESS 17255 SW 95th Avenue Apt# I-121 CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP Miami, FL <u>33157</u> TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE:x_ 3/04/04 SIGNATURE AND TYPED OR PRINTED NO IE OF SIGNING OFFICER OR DIRECTOR Daytime Phone