2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:X

Mar 24, 2004 08:00 AM_ Secretary of State DOCUMENT # P02000081837 1. Entity Name MURAT, INC. Principal Place of Business Mailing Address 5660 SW 3RD PL 5660 SW 3RD PL #117 #117 MARGATE, FL 33068 MARGATE, FL 33068 03012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 43-1969272 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUTUKOGLU, ISMAIL DO NOT WRITE 5660 SW 3RD PL #117 MARGATE, FL 33068 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 afterno SIGNATURE. inted name of registerer) agent and title if applicable. (NOTE, Registered Agent signature required when trinstation) DATE U00000094878 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be \Box 03/24/04-80010-006 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KUTUKOGLU, ISMAIL STREET ADDRESS 56660 SW 3RD PL #117 CITY-ST-ZIP MARGATE, FL 33068 HILE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS DO NOT WRITE C1TY-57-Z1P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$7-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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone /