

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90448 001 ***150.00

DOCUMENT # P02000106589

1. Entity Name
MARUAN COLLINS, INC.



Principal Place of Business 121 WATER WAY VILLAGE COURT WEST PALM BEACH, FL 33413 US	Mailing Address 121 WATER WAY VILLAGE COURT WEST PALM BEACH, FL 33413 US
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2. Principal Place of Business 1072 SW Deauville Ave	3. Mailing Address 1072 SW Deauville Ave
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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04152004 Chg-P CR2E034 (10/03)

City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
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4. FEI Number 30-0117707	Applied For <input type="checkbox"/> Not Applicable
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Zip 34953	Country St. Lucie	Zip 34953	Country St. Lucie
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARIANA, MIRANDA
121 WATER WAY VILLAGE COURT
WEST PALM BEACH, FL 33413**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP MARIANA, MIRANDA 121 WATER WAY VILLAGE COURT WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T MARIANA, MIRANDA 121 WATER WAY VILLAGE COURT WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIANA, MIRANDA 121 WATER WAY VILLAGE COURT WEST PALM BEACH, FL 33413 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP MARIANA, MIRANDA 1072 SW Deauville Ave Port St. Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIANA, MIRANDA (S.T.) 1072 SW Deauville Ave Port St. Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIANA, MIRANDA 1072 SW Deauville Ave Port St. Lucie, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Mariana Miranda, President (772) 344-3418 04/21/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #