2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

04-20-2004 90020 022 ***150.00
P02000118252

04 MAY -4 PM 3:16
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000118252

1. Entity Name
Marjoalin, Inc.

DO NOT WRITE IN THIS SPACE

03-04

2. Principal Place of Business	3. Mailing Address
1800 N. Andrews Ave	1800 N. Andrews Ave
Suite, Apt. #, etc. 3J	Suite, Apt. #, etc. 3J
City & State Wilton Manors, FL	City & State Wilton Manors, FL
Zip FL 33311 Country US	Zip 33311 Country US

DO NOT WRITE IN THIS SPACE
05/21/03 01050 010 $165.00

4. FEI Number 14-1853941 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name Joseph K. Nofil, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3284 N. State Rd 7
City Lauderdale Lakes FL Zip Code 33319

DO NOT WRITE 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.

SIGNATURE ______________________________ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PS+D	TITLE	
NAME	Jose Clavijo	NAME	
STREET ADDRESS	1800 N. Andrews Ave #3J	STREET ADDRESS	
CITY-ST-ZIP	Wilton Manors, FL 33311	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 12-5-03 (954)524-9987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #