2004 FOR PROFIT CORPORATION

Jun 18, 2004 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P02000124051 06-18-2004 90003 033 ***150 00 MAR INVESTMENT REALTY, INC. Principal Place of Business Mailing Address 3670 NW 27TH STREET 3670 NW 27TH STREET LAUDERDALE LAKES, FL 33311 LAUDERDALE LAKES, FL 33311 06082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 92-0180747 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OMPHROY, MARLENE. DO NOT WRITE 3670 NW 27TH STREET LAUDERDALE LAKES, FL 33311 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE OMPHROY, MARLENE NAME STREET ADDRESS **3670 NW 27TH STREET** CITY-ST-ZIP LAUDERDALE LAKES, FL 33311 TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

> SIGNATURE AND TYPED OR PRINTED NAME OF SIG OFFICER OR DIRECTO

FILED