


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90007 013 \*\*\*150.00

<b>DOCUMENT # P02000129942</b>	
1. Entity Name <b>MARMA HOLDINGS OF FLORIDA, INC.</b>	

Principal Place of Business <b>301 BRICKELL AVE STE 1440 MIAMI, FL 33134</b>	Mailing Address <b>301 BRICKELL AVE STE 1440 MIAMI, FL 33134</b>
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2. Principal Place of Business <b>2475 Brickell Ave</b>	3. Mailing Address <b>2475 Brickell Ave</b>
Suite, Apt. #, etc. <b>Apt 2709</b>	Suite, Apt. #, etc. <b>Apt 2709</b>
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33129</b>	Country <b>DADE</b>



07022004 Chg-P CR2E034 (10/03)

4. FEI Number <b>APPLIED FOR 71-0942187</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ALONSO, DOMINGO 301 ALMERIA AVE STE 3 CORAL GABLES, FL 33134</b>	
7. Name and Address of New Registered Agent Name: <b>Alonso Domingo</b> Street Address (P.O. Box Number is Not Acceptable): <b>300 Sevilla Ave Ste 201</b> City: <b>Coral Gables</b> FL Zip Code: <b>33134</b>	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPADESI, MARCELO 301 ALMERIA AVE STE 3 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2475 Brickell Ave Apt 2709 Miami, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Alonso Domingo* Date: 7/2/04 (205) 374-4685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #