


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90038 010 ***150.00

DOCUMENT # P03000016713 1. Entity Name THE MAVEN INC.					
Principal Place of Business 1361 S FEDERAL HWY #315 BOCA RATON FL 33432			Mailing Address 1361 S FEDERAL HWY #315 BOCA RATON FL 33432		
2. Principal Place of Business 800 East Camino Real Suite, Apt. #, etc. 212		3. Mailing Address 800 E Camino Real Suite, Apt. #, etc. 212			
City & State Boca Raton FL Zip 33432 Country PBC		City & State Boca Raton FL Zip 33432 Country PBC		4. FEI Number 56-2326422 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 GORDON, NANETTE L 1361 S. FEDERAL HWY. #315 BOCA RATON FL 33432			7. Name and Address of New Registered Agent Name Nanette L. Gordon Street Address (P.O. Box Number is Not Acceptable) 800 East Camino Real # 212 City Boca Raton FL Zip Code 33432		
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 <u>Nanette L. Gordon</u> DATE Apr. 14, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, NANETTE L 1150 NW 13TH STREET BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gordon Nanette L 800 East Camino Real #212 Boca Raton FL 33432	<input checked="" 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
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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: <u>Nanette L. Gordon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/14/04 Daytime Phone # 561-338-7650		