

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90011 014 \*\*\*150.00

**DOCUMENT # P03000039576**

1. Entity Name  
**MARI-FE PROPERTIES, INC.**



Principal Place of Business  
**C/O MARK D COHEN P.A.  
4000 HOLLYWOOD BLVD STE 435 S  
HOLLYWOOD, FL 33021**

Mailing Address  
**C/O MARK D COHEN P.A.  
4000 HOLLYWOOD BLVD STE 435 S  
HOLLYWOOD, FL 33021**

**94045937**



2. Principal Place of Business  
**715 NW 165 Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**715 NW 165 Ave**  
Suite, Apt. #, etc.

02192004 Chg-P CR2E034 (10/03)

City & State  
**Pembroke Pines**  
Zip  
**33028**  
Country  
**U.S.**

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**Pembroke Pines**  
Zip  
**33028**  
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**U.S.**

4. FEI Number **80-0059230** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**COHEN, MARK D ESQ  
C/O MARK D COHEN P.A.  
4000 HOLLYWOOD BLVD STE 435 S  
HOLLYWOOD, FL 33021**

Name **FRANK ABAY**  
Street Address (P.O. Box Number is Not Acceptable)  
**715 NW 165 Ave**  
City **Pembroke Pines** FL Zip Code **33028**

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 **Frank Abay**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-19-04**

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

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

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ABAY, FRANK**  
STREET ADDRESS **4000 HOLLYWOOD BLVD., SUITE 435-S**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **V** ☐ Delete  
NAME **ABAY, VIRGINIA**  
STREET ADDRESS **4000 HOLLYWOOD BLVD., SUITE 435-S**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **ABAY, FRANK**  
STREET ADDRESS **715 NW 165 Ave.**  
CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE ☒ Change ☐ Addition  
NAME **ABAY, VIRGINIA**  
STREET ADDRESS **715 NW 165 Ave.**  
CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 to an address, with all other like empowered.

SIGNATURE: **Frank Abay**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-19-04**

Daytime Phone # **786 586 3868**