

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-15-2004 90002 019 ***150.00

DOCUMENT # P03000042777

1. Entity Name
MAHEN, INC.



Principal Place of Business
**905 CYPRESS TERR., APT. 102
POMPANO BEACH, FL 33069**

Mailing Address
**905 CYPRESS TERR., APT. 102
POMPANO BEACH, FL 33069**

66429105



06072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Filing Number

31-0457481

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

**DANNELLY, SEAN
2717 W. CYPRESS CREEK RD.
FT. LAUDERDALE, FL 33309**

Name

Street Address (P.O. Box Number's Not Accepted)

City

FL

Zip Code

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 of Registered Agent or Officer/Trustee)

(Signature of Registered Agent or Officer/Trustee)

(Signature)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution

☐

\$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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
GONZALEZ, HENRY
STREET ADDRESS **905 CYPRESS TERR., APT. 102**
CITY, ST, ZIP **POMPANO BEACH, FL 33069**

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

TITLE ☐ Delete
NAME **VD**
GOZON, MARIANA
STREET ADDRESS **905 CYPRESS TERR., APT. 102**
CITY, ST, ZIP **POMPANO BEACH, FL 33069**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
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CITY, ST, ZIP

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 19.07(3)(f), 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 a different fee employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/04 954)978-8300