

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90011 031 \*\*\*150.00

**DOCUMENT # P03000095815**

1. Entity Name  
**MARA AND ED CLEANING, INC**



Principal Place of Business  
4387 SW 10 PLACE  
204  
DEERFIELD BEACH, FL 33442

Mailing Address  
4387 SW 10 PLACE  
204  
DEERFIELD BEACH, FL 33442

**54032320**



2. Principal Place of Business  
**707 Republic Ct**  
Suite, Apt. #, etc.

3. Mailing Address  
**707 Republic Ct**  
Suite, Apt. #, etc.

04062004 Chg-P CR2E034 (10/03)

City & State  
**DEERFIELD BEACH**

City & State  
**DEERFIELD BEACH**

4. FEI Number  
**20-0198804**

Applied For  
Not Applicable

Zip  
**33442**

Country  
**USA**

Zip  
**33442**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**FATIMA, MARA REGINA**  
4387 SW 10 PLACE  
204  
DEERFIELD BEACH, FL 33442

**7. Name and Address of New Registered Agent**

Name  
**FATIMA, MARA REGINA**  
Street Address (P.O. Box Number is Not Acceptable)  
**707 Republic Ct**  
City  
**DEERFIELD BEACH FL** Zip Code  
**33442**

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

(NOTE: Registered Agent signature required when reinstating)

**4/6/04**

DATE

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

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P**  
**FATIMA, MARA REGINA** ☐ Delete  
**4387 SW 10 PLACE # 204**  
**DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP**  
**OLIVEIRA, EDEVANDRO** ☐ Delete  
**4387 SW 10 PLACE # 204**  
**DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P** ☒ Change ☐ Addition  
**FATIMA, MARA REGINA**  
**707 Republic Ct**  
**DEERFIELD BEACH, FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP** ☒ Change ☐ Addition  
**OLIVEIRA, EDEVANDRO**  
**707 Republic Ct**  
**DEERFIELD BEACH, FL 33442**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/04 (954) 725 9463**  
Date Daytime Phone #