FILED Apr 12, 2004 8:00 am Secretary of State

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| | ANNUAL REPORT | |
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| ANNUAL REPORT | | | | | | Secretary of State | | | | | | |
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| DOCUM 1. Entity Name MARIELA V | | # P030001 s, p.a. | 0327 | 6 | | | | | 04-12-20 | 04 90246 | 5 037 ***1 | 50.00 |
| Principal Place of | cipal Place of Business Mailing Address | | | | | | | | | | BABAR. | |
| 2105 NOVA VII | 2105 NOVA VILLAGE DRIVE | | | 2105 NOVA VILLAGE DRIVE | | | | | | | | |
| DAVIE, FL 33317-7023 | | | | DAVIE, FL 33317-7023 | | | | | | | | |
| • | | | | | | | | | | | | |
| 2. Principal Plac | Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 04032004 | Chg-P | CR2E | 034 (10/03) | |
| City & State | City & State | | | City & State | | | | 4. FEI Numbe 81-06 | 34078 | | | plied For t Applicable |
| Zip | | Country | | Zip | itry | | 5. Certificate | of Status Desired | | \$8.75 Add Fee Required | | |
| 4.2 | 6. Name | and Address of Curr | ent Regis | tered Agent | | | | 7. Name and | Address of New | Registered | Agent | ı |
| | | | | | | Name | | | | | | |
| VARGAS, MARIELA 2105 NOVA VILLAGE DRIVE DAVIE, FL 33317-7023 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | | City | | | | Fl | Zip Code | 3 |
| <u>. 5</u> | | | | | | L i | | | | | _ | |
| 8. The above no the obligation | | | nt for the ; | ourpose of changing its | register | ed office or | register | ed agent, or bo | th, in the State of I | Florida. I am | i familiar with, | and accept |
| SIGNATURE | gnature, typed | or printed name of registered a | sgent and title | if applicable. (NOT | E: Registere | d Agent signatu | re required | when reinstating) | | DATE | | |
| | | FFE 10 \$450 00 | | 9. Election Campa | ion Fina | ncina | \$5 | .00 May Be | • | | | |
| | | FEE IS \$150.00 4 Fee will be \$5! | | Trust Fund Cont | | | Ádd | ed to Fees | | | | |
| 10. | | OFFICERS A | NO DIDE | CTORS | 111 | | | ADDITIONS | CHANGES TO O | EEICEDS AN | D DIRECTORS | 2 INI 11 |
| TITLE | OFFICERS AND DIRECTORS 11. | | | | | | PST | ADDITIONS | CHANGED TO C | THOEITO ZAV | ☐ Change | 1 Addition |
| NAME | Delete TIT. | | | | | | | jas, Mari | iela | | | <u> </u> |
| STREET ADDRESS | | | | | | EET ADDRESS | | | illage Dr | ive | | |
| CITY-ST-ZIP | | | | | | ∕-ST-ZIP | | | ida 33317 | | | |
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| NAME | | | | | | 4E | | | | | | İ |
| STREET ADDRESS | | | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | cin | | | | | | | | | | | |
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| NAME | ~- · | | | ··· • • # • <u>-</u> | NAA | EET ADDRESS | , · | | | ·· | . | |
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| NAME | | | | | NAN | AE . | | | | | | |
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| TITLE | | | | ☐ Delete | TIΠ | | | | | | Change | ☐ Addition |
| NAME a | | | | | NAN | | | | - | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | eet aodress Y-St-Zip | | | | | | |
| | upifi, sh -+ + | io information accepts - | sarith this | filing does not suchify fo | | | ed in C | action 110 07(0) | (i) Florida Statuta | e I further e | artify that the i- | nformation |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 all other like empowered. | | | | | | | | | | | | |
| SIGNATU | | Marie | la V | alarge | | riela | Varg | gas | 4/8/04 | | 954–655 | -7355 |
| | | SIGNATURE AND TYPE | OR PRINTE | D HAME OF SIGNING OFFICER | OR DIREC | TOR | | | Date | | Daytime Phone # | |