2004 FOR PROFIT CORPORATION ANNUAL REPORT.

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # P03000145019** 03-22-2004 90042 007 ***150.00 MARY STREET USA, INC. Principal Place of Business Mailing Address CUOCUPOO 3944 NE 167TH ST, #406 3944 NE 167TH ST, #406 NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 03162004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 86-1091261 Not Applicable Ziu Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMPSON, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) ___ -3944-NE-167TH-ST- #406-~-NORTH MIAMI BEACH, FL 33160 City 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 boods a mediamenting by ediagostradition face case PICIL: 40 richen agente gnotate required une the holy op-_ادر FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Change Addition Delete SIMPSON, SHIRLEY NAME KAME STREET ADDRESS 3944 NE 167TH ST, #406 STREET ADDRESS CITY ST ZIP NORTH MIAMI BEACH, FL 33160 CITY ST ZIP Delete TITLE TITLE ☐ Change Addition SIMPSON, JOSEPH W. LALE **FLAAA** STITEET ADDRESS 3944 NE 167TH ST, #406 STREET ADDRESS CITY ST 7IP NORTH MIAMI BEACH, FL 33160 CITY ST 7/P TITLE Delete TITLE ☐ Change Addition LAMP LAME STREET ALAIRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP HILE Delete TITLE ☐ Change " (Addition -LAME LAME STREET ADDRESS STREET ACCINESS CITY ST ZIP CITY ST ZIP TOLE Delete TITLE ☐ Change ■ Addition LAME LANE STREET ADDRESS STREET ACCORESS CITY ST 785 CITY ST ZIP TITLE Delate TITLE ☐ Change ☐ Addition LAME LAME STREET ADDRESS STREET ALORESS OTV ST ZP 12. Thereby 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 paddress, with all other like empowered. SIGNATURE:

FILED