

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90045 044 ***158.75

DOCUMENT # P20334 1. Entity Name MARA EQUITIES LTD., CORP.					
Principal Place of Business SQUARE ONE ASSOCIATES 2780 SW 37 AVENUE (205) MIAMI, FL 33133 US			Mailing Address P.O. BOX 165539 MIAMI, FL 33116-5814		
2. Principal Place of Business 56 SQUARE ONE ASSOCIATES Suite, Apt. #, etc. 290 N.W. 165 STREET (M-400)			3. Mailing Address Suite, Apt. #, etc. 		
City & State MIAMI, FLORIDA			City & State 		
Zip 33169		Country USA		4. FEI Number 51-0310466	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GROSSMAN, JEROME 2780 SW 37 AVENUE SUITE 205 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name GROSSMAN, JEROME Street Address (P.O. Box Number is Not Acceptable) 290 N.W. 165 STREET (SUITE M-400) City MIAMI FL Zip Code 33169		
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 <u>JEROME GROSSMAN</u> 02/05/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DECASTRO, RAUL SANTOS WE 505 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELZER, HERBERT 505 PARK AVENUE 9TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DE CASTRO, MARIANNA C/O 505 PARK AVE 9TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GROSSMAN, JEROME 2780 SW 27 AVE (205) MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GROSSMAN, JEROME 2780 SW 27 AVE (205) MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPAS GROSSMAN, JEROME 290 N.W. 165 STREET (SUITE M-400) MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>JEROME GROSSMAN</u> 02/05/2004 (305) 662-6772 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					