\sim 2004 FOR PROFIT CORPORATION

Feb 14, 2004 08:00 AM

ANNUAL REPORT				1 CD 17, 2007 00:00 AIV			
DOCUMENT # P94000044348				Secretary of State			
1. Entity Nam	100 100 100 100 100 100 100 100 100 100					,	
MARILYN	N COLON, P.A.	· · · · · · · · · · · · · · · · · · ·					
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Principal Plac	ce of Business 1	failing Address		1	•		
2424 CORAL		2424 CORAL WAY					
MIAMI, FL 3	3145 US	MIAMI, FL 33145 US					
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					11. Dr. D	OTOTO 4 (4)	
DO NOT WRITE IN THIS SPACE			CE	02112004	No Chg-P	CR2E034 (16	2/03)
				4. FEI Numb			Applied For
				65-050		<u> </u>	Not Applicable 5 Additional
				5. Certificate	of Status Desired	Fee R	edniteg S wagitolist
	6. Name and Address of Current Regi	stered Agent					- A 36.7 k 37
COLON, N	MARILYN			no	NOT W	DITE	
3001 PONCE DE LEON BLVD.				טט	NOT W	MILE	
SUITE 262 CORAL GABLES, FL 33134 PROBLEM TO THE PRO			}	IN "	THIS SF	ACE	
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9 The obes	named entity submits this statement for the	acceptance of changing its register	ad office or registe	rad agest or be	th in the State of El	vida. Lam familia	r with and accept
	s harried entity submits this statement for the flons of registered agent.	barbose or custifing its register	an oute of ledizing	red agent, or bo	in, in the State of FR	nica, rasirianina	i with, and accept
SIGNATURE.			المالية المستعجد المالية المستعجد المالية المالية المالية المالية المالية المالية المالية المالية المالية الم المالية المالية المالي				
	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE, Registere	d Agent agnature require	d when reinstating)		DATE	
P 47	# MOMENT *** 10 0470.00	9. Election Campaign Finar	ncina S F	nn May Ro	Hanna	markran "	
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			Add	.00 May Be ded to Fees		0051567 -80057-011	150 nn
10.	OFFICERS AND DIRE	CTORS	· r		1727 2137 13 1	20001 01	7 100 500
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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:

STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR