2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P95000018141** 04-19-2004 90416 040 ***150.00 MARILYN RESTAURANT CORP. Principal Place of Business Mailing Address 4 PUCUPP 1781 W. 32 PL. 1781 W. 32 PL HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 Cha-P CB2F034 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 65-0561476 Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HURTADO MARIA Street Address (P.O. Box Number is Not Acceptable) 1781 W. 32 PL. HIALEAH, FL 33012 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE TITLE ☐ Delete DUARTE, MARIA NAME NAME STREET ADDRESS STREET ADDRESS 1781 W 32 PL CITY-ST-ZIP HIALEAH, FL 33012 City-St-7IP Addition ☐ Change TITLE ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change · M Addition πи Delete ПП NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Change ■ Addition □ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change ☐ Addition ☐ Delete ME TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CETY-ST-712 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 empewered to execute his 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 v

OFFICER OR DIRECTOR

FILED