2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 23, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P950000273	74		Secretary of State
VAN AND	MARIE, INC.			02-23-2005 90071 017 ***150.00
Principal Plac	e of Business	Mailing Address		
10576 NW 4 CORAL SPR	48TH ST IINGS FL 33076	10676 NW 48TH ST CORAL SPRINGS FL 3307	76	50018084
,				
	Place of Business	3. Mailing Address Bo X 2	23592	
Suite, Apt.	#, U IC.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & Stat	e	HÖLLYWOOD	<u> </u>	4. FEI Number 65-0573303 Applied For Not Applicable
Zip	Country	33022-3592	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
106	INER, MARIE 76 NW 48TH ST RAL SPRINGS FL 33076			ess (P.O. Box Number is Not Acceptable)
		•	City	FL Zip Code
the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its reg	gistered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE Re	gistered Agent signature rec	guiled when reinstating) DATE
				· · · · · · · · · · · · · · · · · · ·
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May B Trust Fund Contribution: Added to Fees
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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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05

Daytme Phone #