2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 24, 2004 8:00 am DOCUMENT # P95000049338 **Secretary of State** 1. Entity Name 02-24-2004 90011 008 \*\*\*150.00 MARIAN ARNOLD ISRAEL CORPORATION Principal Place of Business Mailing Address 3371 NORTH HILLS DRIVE 3371 NORTH HILLS DRIVE -HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business eneto Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number 65-0594387 Not Applicable \$8.75 Additional Zip . 5. Certificate of Status Desired 33437 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Morran-ISRAEL, MARIAN A Box Number is Not Acceptable) 3320 N. 37TH STREET HOLLYWOOD FL 33021 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. d when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Dsrael, ☐ Delete TITLE TITLE ISRAEL, MARIAN A NAME NAME 3320 N. 37TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED