2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 10, 2005 8:00 am Secretary of State DOCUMENT # P95000089997 1. Entity Name 03-10-2005 90135 017 ***150.00 MARLA ENTERPRISES, INC. Principal Place of Business Mailing Address 941 KINGS CROWN DRIVE 941 KINGS CROWN DRIVE SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0627841 Not Applicable Zip Zip 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 Nane He MARCIANO, MATTHEW R Street Address (P.O. Box Number is Not Acceptable), 941 KINGS CROWN DRIVE rown SANIBEL ISLAND FL 33957 Sanibei 8. The above named entity submits this statement for the pulpose 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. it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS/\$180.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State :**OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. STD Defete ☐ Addition TITLE ☐ Change TITLE MARCIANO, MATTHEW R NAME NAME STREET ADDRESS 941 KINGS CROWN DRIVE STREET ADDRESS SANIBEL ISLAND FL 33957 CITY-ST-ZIP CITY-ST-7IP Secretary, Change PVD ☐ Delete ☐ Addition TITLE TITLE Theasurer LAURION, NANETTE NAME NAME larion, nanette STREET ADDRESS 941 KINGS CROWN DRIVE STREET ADDRESS 941 Kings Crown CITY-ST-ZIP SANIBEL ISLAND FL 33957 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition THTLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a higher the empowered.

IG OFFICER OR DIRECTOR

FILED