2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2004 08:00 AM DOCUMENT # P96000018699 Secretary of State 1. Entity Name MARANA ENTERPRISES, INC. Principal Place of Business Mailing Address 4380 PGA BLVD 4380 PGA BLVD PALM BCH GARDENSF L 33410 PALM BCH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0651291 Not Applicable Ζŧρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PASSOS, MARLENE Street Address (P.O. Box Number is Not Acceptable) 4380 PGA BLVD 103R PALM BCH GARDENS FL 33410 City Zio Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete HILE ☐ Change ☐ Addition U000000029548 NAME PASSOS, MARLENE NAME 02/04/04-80070-013 150.00 2400 PRESIDENTIAL WAY #702 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY, ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY-ST-ZIP Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Defete TITLE Change 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 all other like empowered.

MRLENT PASSOS)

SIGNATURE:

FILED