2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State
01-29-2004 90084 031 ***150.00

DOCUMENT # P97000045138

1. Entity Name

MARILYN DEMARTINI, INC.

Principal Place of Business	Mailing Address
1301 BAYVIEW DRIVE #7 FT LAUDERDALE FL 33304 US	1301 BAYVEIW DR #7 FT LAUDERDALE FL 33304 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E034 (11/03)

4. FEI Number 65-0754320 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANLYN DEMORTINI 1301 BOYVIEW DR. #7 STE 502 FT LAUDERDALE FL 33043 * See enclosed letter MARILYN DeMARTINI 1301 BAYVIEW NO SUITE 33304	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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] 1/22/04
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
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DE MARTINI, MARILYN	NAME	
STREET ADDRESS	1301 BAYVIEW DR., #7	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	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		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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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		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.

SIGNATURE: [signature] Marilyn DeMartini 1/22/04 954-564-7234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
- 24004170

Marilyn
DeMartini
writer
marketer

January 21, 2004

Division of Corporations-FL Dept. of State
409 East Gaines St.
Tallahassee, FL 32399

To Whom It Concerns:

RE: Document # P97000045138

Please note that the enclosed form has several typographical errors in the Registered Agent box, #6. (I tried to correct these online, but the form would not allow it.) The name of my business is Marilyn DeMartini, Inc. (FEI # 65-0754320) and I am the registered agent.

Box #6 now reads:
MaNyn DeMortini (should be Marilyn DeMartini
1301 Boyview (should be Bayview) Dr. #7 Suite 502 (There should be no additional Suite)

Can you please make these changes on my record? Thank you for your time and attention.

Sincerely,

Marilyn DeMartini, President
Marilyn DeMartini,Inc.

Enclosure:-$150 Filing Fee

1301
Bayview Drive
Suite 7
Ft. Lauderdale
Florida 33304
Phone:
954.564.7234
Fax:
954.564.7928
Dmartiniup@earthlink.net