


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90701 011 ***150.00

DOCUMENT # P97000076922					
1. Entity Name MARVIAN ENTERPRISES, INC.					
Principal Place of Business P.O. BOX 822240 SOUTH FLORIDA, FL 33082-2240			Mailing Address P.O. BOX 822240 SOUTH FLORIDA, FL 33082-2240		
2. Principal Place of Business		3. Mailing Address <i>40 ARTHUR J. BROWN</i> <i>14707 SOUTH DIXIE HIGHWAY</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>SUITE 200</i>			
City & State		City & State <i>MIAMI, FL</i>			
Zip	Country	Zip <i>33176</i>	Country <i>USA</i>	4. FEI Number 59-3469351	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LITTMAN, ERIC P 1428 BRICKELL AVENUE 8TH FLOOR MIAMI, FL 33131			Name <i>BELTRAN, RAFAEL</i> Street Address (P.O. Box Number is Not Acceptable) <i>19260 S.W. 30th STREET</i> City <i>MIRAMAR</i> FL Zip Code <i>33029</i>		
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			DATE <i>4/27/04</i>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BELTRAN, RAFAEL P.O. BOX 822240 SOUTH FLORIDA, FL 330822240		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>4/27/04</i> (305) 233-3212 <small>Daytime Phone #</small>		