
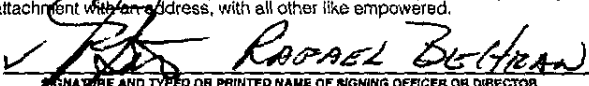
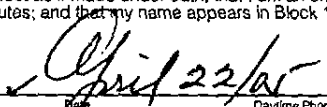


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # P97000076922		
1. Entity Name MARVIAN ENTERPRISES, INC.		
Principal Place of Business P.O. BOX 822240 SOUTH FLORIDA, FL 33082-2240		Mailing Address C/O ARTHUR I BROWN 14707 S. DIXIE HWY., STE. 200 MIAMI, FL 33176
DO NOT WRITE IN THIS SPACE		
		04152005 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3469351		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BELTRAN, RAFAEL 19260SW 30TH ST. MIRAMAR, FL 33029		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		04/25/05-80170-003 150.00
TITLE	PSD	DO NOT WRITE IN THIS SPACE
NAME	BELTRAN, RAFAEL	
STREET ADDRESS	P.O. BOX 822240	
CITY-ST-ZIP	SOUTH FLORIDA, FL 330822240	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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:  RAFAEL BELTRAN		 April 22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #