

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2004**

DOCUMENT # P9700086424	
1. Entity Name MARJIM ENTERPRISES CORP.	

FILED
04 NOV 23 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1580 WASHINGTON AVENUE Suite, Apt. #, etc.	3. Mailing Address 1580 WASHINGTON AVENUE Suite, Apt. #, etc.
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REINSTATEMENT 04
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City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL	4. FEI Number 65-0785536	Applied For <input type="checkbox"/> Not Applicable
Zip 33139	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name GARCIA, MARIA R.	
Street Address (P.O. Box Number is Not Acceptable) 5000 SW 95TH COURT	
City MIAMI	Zip Code FL 33165

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** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD GARCIA, MARIA R. 5000 SW 95TH COURT MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>BR 11/30</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Maria R. Garcia</i>	11-14-04	305-4467723
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)

Marjim Enterprises Corp.
1580 Washington Avenue
Miami Beach, FL 33139

November 16, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that our principal place of business and our mailing address is 901 Ponce de Leon Blvd., Suite 606 Coral Gables, FL 33134. Accordingly we did not receive the Uniform Business Report for the year 2004. Attached please find a check for \$150.00 for the filing fees. We have subsequently hired a competent accountant that can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis.

We respectfully request that you abate the penalties for filing late. Thank you in advance for your prompt attention with this matter.

Sincerely,


Maria R. Garcia
President