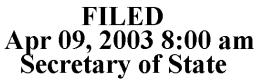
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P98000015012 DOCUMENT



1. Entity Name MARA LINDA, INC.								04-09-2003 90138 019 ***150.00					
Principal Place 2345 14TH AVI SUITE 4 VERO BEACH	E	5	PO BO	Mailing Address PO BOX 580 VERO BEACH FL 32961-0590									
2. Principal Place of Business			3. Mailing Address				-				619 1101 10Bi		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State			4. FEI Number 59-2571551 Applied Fo			plied For t Applicable]			
Zip Country			Zìp	Zip Coun		try	5. Certificate of Status Desired		S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. N	lame and Address of New Re	gistered Age	nt]	
					, a.e.	Name		ಲ್ಲಿ ಆರ್ಥ ಸಂಗಾರ್ಥನ್ನು ಗ್ರಾಮಕ್ಕೆ ಸಂಗ್ರಹ್ತ					
LISS, LIND 4780 10TH							Street Address (P.O. Box Number is Not Acceptable)						
VERO BEACH FL 32966												}	
						City			FL	Zip Code)		
	named entit ions of regist		for the purpo	se of changing it	s registere	ed office or registe	ered age	ent, or both, in the State of Flori	da. I am fam	iliar with, a	and accept		
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if applic	cable. (NO	TE: Registered	Agent signature require	ed when rei	instating)	DATE				
After	r May 1, 200	! FEE IS \$150.00 3 Fge will be \$550.0 Florida Department	0 of State					Election Campaign Fina Trust Fund Contribution.		\$5.0 0 Added	May Be to Fees		
10.		: OFFICERS AN	ID DIRECTOR	RS .	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS	IN 11	1	
TITLE NAME	D LISS, LIND 4780 10TH VERO BEA	A C		☐ Delete	TITLE NAMI STRE	· I] Change	Addition	(00/04/700)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISS, MAR 4780 10TH VERO BEA		·	☐ Delete		l l] Change	☐ Addition	2	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l l] Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	nortific the state	o information outsided	ith this filling	Delete	CITY	E ET ADDRESS -ST-ZIP	Section :	119 07/3Vi) Florida Statutes II		Change	Addition		

nereby certify that the information supplied with this filling does not quality 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:



E0)50/40

772-567-7100