2004 FOR PROFIT CORPORATION
.ANNUAL REPORT (AR)

SIGNATURE:

Jan 29, 2004 08:00 AM DOCUMENT # P9900000628 Secretary of State 1. Entity Name MARVEL CLAIMS, INC. Principal Place of Business Mailing Address 3925 N.W. 25 WAY BOCA RATON FL 33434 3925 N.W. 25 WAY BOCA RATON FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0886619 Not Applicable Zıp Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHMAN, MARVIN 3925 N.W. 25 WAY Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33434** City 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, typed or printed name of registered agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE Delete THE Change HAME RICHMAN, MARVIN MAME U00000020500 STREET ADDRESS 3925 NW 25TH WAY 01/29/04-80059-002 150.00 STREET ADDRESS CYTY - ST - ZIP **BOCA RATON FL 33434** CITY-ST-ZIP Change BLE ☐ Delete TITLE Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 313) F Detete ☐ Change ☐ Addition NAME. MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TILE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-7IP TITLE Delete 7171 F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CHTY - ST-ZIP TILE TITLE ☐ Delete Change Addition NALAE. STREET ADDRESS STREET ADDRESS CATY-ST-7IP CETY+ST-789 12. Thereby certify that the information supplied with this filling 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 ampowered.

FILED