

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90024 030 ***150.00

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03022004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000009333 1. Entity Name MARART, INC.			
Principal Place of Business C/O ARTHUR RIBEN 3603 NW SIXTH ST. DEERFIELD BEACH, FL 33442		Mailing Address C/O ARTHUR RIBEN 3603 NW SIXTH ST. DEERFIELD BEACH, FL 33442	
2. Principal Place of Business 2430 RIVIERA DR. Suite, Apt. #, etc.		3. Mailing Address 2430 RIVIERA DR Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL Zip 33445 Country		City & State DELRAY BEACH, FL Zip 33445 Country	
4. FEI Number 58-2439621		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 ROSENBERG, MARILYN 4023 UPMINSTER K DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Marilyn Rosenberg</i></u> DATE <u>3/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD <input type="checkbox"/> Delete ROSENBERG, MARILYN 4023 UPMINSTER K DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VTD RIBEN, ARTHUR 2430 RIVIERA DR. DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD <input type="checkbox"/> Delete RIBEN, ARTHUR 3603 NW SIXTH ST. DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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
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
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
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 <u><i>Marilyn Rosenberg</i></u> MARILYN ROSENBERG <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/5/04</u> Daytime Phone # <u>954-421-9225</u>	