

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000009333

1. Entity Name
MARART, INC.



**FILED
Mar 10, 2004 8:00 am
Secretary of State**

03-10-2004 90024 030 ***150.00

44016721



03022004 Chg-P CR2E034 (10/03)

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

City & State
DELRAY BEACH, FL

Zip
33445

Zip
33445

Country

4. FEI Number
58-2439621

Applied For
Not Applicable

5. Certificate of Status Desired
 **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBERG, MARILYN

4023 UPMINISTER K
DEERFIELD BEACH, FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

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 *Marilyn Rosenberg*

Signature, typed or printed name of registered agent and title if applicable.

3/5/04

DATE

(NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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
ROSENBERG, MARILYN
4023 UPMINISTER K
DEERFIELD BEACH, FL 33442

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTD
RIBEN, ARTHUR
3603 NW SIXTH ST.
DEERFIELD BEACH, FL 33442

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTD
RIBEN, ARTHUR
2430 RIVIERA DR.
DELRAY BEACH, FL 33445

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 *Marilyn Rosenberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN ROSENBERG 3/5/04 954-421-9225

Daytime Phone #