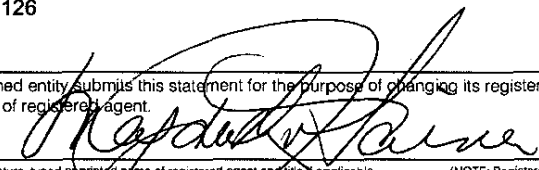


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90001 020 ***150.00

DOCUMENT # P99000106552 1. Entity Name DIVORCE HAPPENS (MAGAZINE), INC.					
Principal Place of Business C/O 782 N.W. LE JEUNE ROAD SUITE 548 MIAMI, FL 33126			Mailing Address C/O 782 N.W. LE JEUNE ROAD SUITE 548 MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent MARCELO-ROBAINA, MAGDA 782 N.W. LE JEUNE ROAD SUITE 548 MIAMI, FL 33126				7. Name and Address of New Registered Agent Name MARQUEZ & MARCELO-ROBAINA, PA. Street Address (P.O. Box Number is Not Acceptable) 782 NW LeJeune Road, Suite 548 City State Zip Code MIAMI FL 33126	
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:  DATE: 03/30/2004 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FREE 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	DP KASSIN, DONNA C/O 782 N.W. LE JEUNE ROAD SUITE 548 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KASSIN, DONNA C/O 782 N.W. LE JEUNE ROAD SUITE 548 MIAMI, FL 33126	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: 			03/30/2004 (305) 447-1160		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

24050001



03302004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1031751 Not Applicable

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