
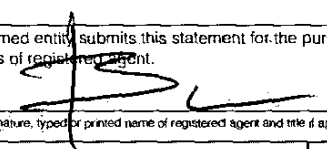
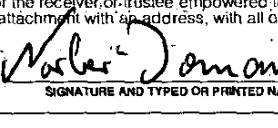


FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90049 037 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000107179			
1. Entity Name MAR.MAR TELECOM, INC.			
Principal Place of Business % ALEXANDER REUS 5201 BLUE LAGOON DR., SUITE-100 MIAMI, FL 33126		Mailing Address 1 NORBERT DOMANSKY JULIUS-HAERLIN-ST R 3 GERMANY, 82131	
2. Principal Place of Business 3150 FLORIDA AVENUE		3. Mailing Address	
Suite, Apt. #, etc. ISIDOR BUHOLZER		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33133	Country US	Zip	Country
6. Name and Address of Current Registered Agent REUS, ALEXANDER ESQ. 5201 BLUE LAGOON DR., STE. 601 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name ISIDOR BUHOLZER Street Address (P.O. Box Number is Not Acceptable) 3150 FLORIDA AVENUE City MIAMI FL Zip Code 33133	
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  Isidor Buholzer DATE 4/02/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	DP DOMANSKY, NORBERT JULIUS-HAERLIN-STR 3 GAUTING, GERMANY, 82131 <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	S DOMANSKY, JUTTA JULIUS-HAERLIN-STR 3 GAUTING, GERMANY, 82131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  NORBERT DOMANSKY Date March 30, 04 Daytime Phone # 049898507264 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			