


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90059 021 \*\*\*150.00

DOCUMENT # K 30556  
1. Entity Name  
2001 MARATHON, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
604 N.E 2nd St  
Suite, Apt. #, etc.  
224  
City & State  
DANIA, FL  
Zip  
33004 Country  
BRD RD

3. Mailing Address  
SAME  
Suite, Apt. #, etc.  
"  
City & State  
"  
Zip  
" Country  
"

4. FEI Number  
65-0178686 Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
Ruth Mazzone  
Street Address (P.O., Box Number is Not Acceptable) -  
604 N.E 2nd St  
DANIA  
City  
FL Zip Code  
33004

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 Ruth Mazzone (NOTE: Registered Agent signature required when reinstating) DATE 3/30/04

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<u>PRESIDENT</u>	TITLE	
NAME	<u>JUDITH MAZZONE</u>	NAME	
STREET ADDRESS	<u>604 N.E 2nd St</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>DANIA, FL 33004</u>	CITY-ST-ZIP	
TITLE	<u>SECRET</u>	TITLE	
NAME	<u>RUTH MAZZONE</u>	NAME	
STREET ADDRESS	<u>604 N.E 2nd St</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>DANIA, FL 33004</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Mazzone (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE 3/30/04 DAYTIME PHONE # 954-925-4550

CR2E034B (12/02)