


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 408327 1. Entity Name MARDI LAND DEVELOPMENT, INC.	
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Principal Place of Business 1355 WEST 53RD STREET APT. 320 HIALEAH FL 33012	Mailing Address 1355 WEST 53RD STREET APT. 320 HIALEAH FL 33012
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1484139	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SALAZAR, EDUARDO 1340 CORAL WAY CORAL GABLES FL
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7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

B. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
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	NAME	<input type="checkbox"/> Delete
PD	SALAZAR, EDUARDO	<input type="checkbox"/>
STREET ADDRESS	1340 CORAL WAY	
CITY - ST - ZIP	CORAL GABLES FL	
SD	ZARAGOZI, MARIA	<input type="checkbox"/>
STREET ADDRESS	AVE CONDADO 605, PDA. 17	
CITY - ST - ZIP	SANTURCE PR	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	U00000035255	<input type="checkbox"/>
	02/06/04-80010-025 150.00	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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: EDUARDO SALAZAR 1/25/04
Signature and typed or printed name of signing officer or director Date Daytime Phone #