FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90042 049 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000044243

1. Entity Name
M.C. CONSULTING ASSOCIATES, INC.

94014352

Principal Place of Business	Mailing Address
4119 NSR 7 STE208 FT LAUDERDALE FL 33319	4119 NSR 7 STE208 FT LAUDERDALE FL 33319

2. Principal Place of Business	3. Mailing Address
1348 Washington Ave.	1348 Washington Ave.
Suite, Apt #, etc: 253	Suite, Apt #, etc: 253
City & State: Miami Beach Fl	City & State: Miami Beach FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

02082004 Chg-P CR2E034 (10/03)

4. FEI Number: 06-1690656 ☐ 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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City 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 ____ 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

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CARR, GREGORY L 4119 N S.R. 7 STE 208 FT LAUDERDALE, FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Carr, Gregory L 1348 Washington Ave, Ste 253 Miami Beach, FL 33193	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARR, LAURIE E 4119 N S.R. 7 STE 208 FT LAUDERDALE, FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Carr, Laurie E 1348 Washington Ave, Ste 253 Miami Beach, FL 33139	☒ 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
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 all other like empowered.

SIGNATURE: Gregory L. Carr 2/8/04 (954)677-8060