


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90005 009 ***150.00

DOCUMENT # S86714

1. Entity Name
MTA HOLDINGS, INC.



Principal Place of Business
**104 CRANDON BLVD
 SUITE 409
 KEY BISCAVAYNE, FL 33149**

Mailing Address
**104 CRANDON BLVD
 SUITE 409
 KEY BISCAVAYNE, FL 33149**

2. Principal Place of Business
**2828 SW 22ND ST.
 Suite, Apt. #, etc.
 # 208**


3. Mailing Address
**2828 SW 22ND ST.
 Suite, Apt. #, etc.
 # 208**

City & State
Miami, FLORIDA

City & State
Miami, FLORIDA

Zip
33145 Country
USA

Zip
33145 Country
USA



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0314379 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RESEARCH MANGEMENT CORPORATION
 104 CRANDON BLVD
 STE 409
 KEY BISCAVAYNE, FL 33149**

7. Name and Address of New Registered Agent

Name
UFG. PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)
2828 SW 22ND STREET, # 208

City
Miami FL Zip Code
33145

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: **N. ROMAN MGR** DATE: **1-7-04**

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SAN MIGUEL, ALBERTO H.	
STREET ADDRESS	104 CRANDON BLVD, STE 409	
CITY-ST-ZIP	KEY BISCAVAYNE, FL 33149	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAN MIGUEL, MARTINA	
STREET ADDRESS	104 CRANDON BLVD, STE 409	
CITY-ST-ZIP	KEY BISCAVAYNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2828 SW 22ND ST. # 208	
CITY-ST-ZIP	Miami, FL. 33145	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2828 SW 22ND ST. # 208	
CITY-ST-ZIP	Miami, FL. 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **N. ROMAN MGR** DATE: **1-7-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #