




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97331</b> 1. Entity Name <b>PFEFFER &amp; MARIN MANAGEMENT CORP.</b>		
Principal Place of Business <b>% JOSEPH MARIN 4767 NW 36TH ST MIAMI SPRINGS, FL 33166</b>	Mailing Address <b>% JOSEPH MARIN 4767 NW 36TH ST MIAMI SPRINGS, FL 33166</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 01052005 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>59-2216110</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MARIN, JOSEPH 4767 NW 36TH ST MIAMI, FL 33166</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000172995 01/07/05-80001-007 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PFEFFER, PAUL 4767 NW 36TH ST MIAMI SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARIN, JOSEPH 4767 NW 36TH ST MIAMI SPRINGS, FL	
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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)(f), 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:  <b>JOSEPH MARIN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1/6/05</b> Daytime Phone #: <b>305-888-3661</b>