

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90290 027 \*\*\*150.00

<b>DOCUMENT # L56782</b> 1. Entity Name <b>MARJO AND GRA, INC.</b>	
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Principal Place of Business <b>8777 COLLINS AVE</b> <b>APT 501</b> <b>SURFSIDE, FL 33154 US</b>	Mailing Address <del>% JOSE A. SAAVEDRA</del> <b>8777 COLLINS AVE # 501</b> <b>SURFSIDE, FL 33154 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>GINO CATTAROSS</b>
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City & State  Zip	City & State  Zip	Country	Country
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04232004	Chg-P	CR2E034 (10/03)
4. FEI Number <b>65-0183835</b>	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

<b>6. Name and Address of Current Registered Agent</b>  CATTAROSS, GINO C 8777 COLLINS AVE # 501 SURFSIDE, FL 33154	<b>7. Name and Address of New Registered Agent</b> Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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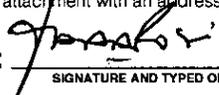
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATTAROSS, GINO C.	NAME	
STREET ADDRESS	8777 COLLINS AVE, APT 501	STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CATTAROSS, GRACIELA	NAME	
STREET ADDRESS	8777 COLLINS AVE, APT 501	STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b>  <b>GINO C. CATTAROSS</b>	Date: <b>4/27/04</b>	Daytime Phone #: <b>(305) 861-0450</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		