


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90004 012 ***150.00

DOCUMENT # L62577
 1. Entity Name
MARGU CORPORATION




Principal Place of Business: **735 CRANDON BLVD SUITE 204 KEY BISCAVNE FL 33149 US**
 Mailing Address: **735 CRANDON BLVD SUITE 204 KEY BISCAVNE FL 33149 US**

2. Principal Place of Business: **151 CRANDON BLVD**
 Suite, Apt. #, etc.: **# 300**
 City & State: **KEY BISCAVNE, FL**
 Zip: **33149** Country: **USA**

3. Mailing Address: **151 CRANDON BLVD**
 Suite, Apt. #, etc.: **# 300**
 City & State: **KEY BISCAVNE, FL**
 Zip: **33149** Country: **USA**

01000100



MOORE CR2E034 (11/03)

4. FEI Number: **65-0185205**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARIA CRISTINA ACCIOLY DESOUSA ZGOSTINI
735 CRANDON BLVD.
SUITE 204
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent
 Name: **AGOSTINI**
 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: *Maria Cristina Accioly Desouza Zgostini* (NOTE: Registered Agent signature required when reinstating)
 DATE: **APRIL 30, 2004**

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	OD	<input checked="" type="checkbox"/> Delete
NAME	AGOSTINI, MARIA CRISTINA	
STREET ADDRESS	735 CRANDON BLVD, SUITE 204	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	OD	<input type="checkbox"/> Delete
NAME	AGOSTINI, MARIA CRISTINA	
STREET ADDRESS	151 CRANDON BLVD.#300	
CITY-ST-ZIP	KEY BISCAVNE, 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maria Cristina Accioly Desouza Zgostini* DATE: **APRIL 30, 2004** (305) 361-3810
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #