

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000067243

Entity Name: MARGO GROUP, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

7460 SABAL DR  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

7460 SABAL DR  
MIAMI LAKES, FL 33014

## New Mailing Address:

FEI Number: 65-1036134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MADRUGA, MARIA  
7460 SABAL DR  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOMEZ, EDUARDO  
Address: 19454 NW 24 PL  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: MARTINEZ-FONTS, ALICIA  
Address: 7460 SABAL DR  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D ( ) Delete  
Name: MADRUGA, MARIA  
Address: 7460 SABAL DR  
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: GOMEZ, ZAILY  
Address: 19454 NW 24TH PL  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA MARTINEZ-FONTS

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date