


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90007 017 \*\*\*150.00

<b>DOCUMENT # P0000079387</b>					
1. Entity Name <b>MARROCO CONSULTING GROUP, INC.</b>					
Principal Place of Business <b>1851 NW 125TH AVENUE SUITE 320 PEMBROKE PINES, FL 33028</b>		Mailing Address <b>1851 NW 125TH AVENUE SUITE 320 PEMBROKE PINES, FL 33028</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>04-3738632</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, ROLANDO 18543 NW 55 AVE. MIAMI, FL 33055			Name <b>GBS consultants</b> Street Address (P.O. Box Number is Not Acceptable) <b>1290 Weston Rd Suite 306</b> City <b>Weston</b> FL Zip Code <b>33326</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 <b>GBS CONSULTANTS</b> <i>Maria E Marroco</i> DATE <b>04/27/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARRBEO, MARILENA R</b> <b>12505 NW 23 STREET</b> <b>PEMBROKE PINES, FL 33028</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARROCO, MARIA E</b> <b>1851 NW 125th Avenue Suite 320</b> <b>Pembroke Pines, FL 33028</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>MARRBEO, FREDDY</b> <b>12505 NW 23 STREET</b> <b>PEMBROKE PINES, FL 33028</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>RODRIGUEZ, FREDDY</b> <b>1851 NW 125th Avenue, Suite 320</b> <b>Pembroke Pines FL 33028</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RODRIGUEZ, ROLANDO</b> <b>18543 NW 55 AVE.</b> <b>MIAMI, FL 33055</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BULLOS, CARLOS</b> <b>1851 NW 125th Avenue, Suite 320</b> <b>Pembroke Pines, FL 33028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OSTOS, MIRIAM</b> <b>1851 NW 125th Avenue, Suite 320</b> <b>Pembroke Pines FL 33028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUIZ, BRIGIDA</b> <b>1851 NW 125th Avenue, Suite 320</b> <b>Pembroke Pines, FL 33028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEREZ, SONIA</b> <b>1851 NW 125th Avenue, Suite 320</b> <b>Pembroke Pines, FL 33028</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Freddy Rodriguez</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <b>FREDDY RODRIGUEZ</b>		Date: <b>AP. 26, 04</b> Daytime Phone #: <b>954-891-0120</b>	