
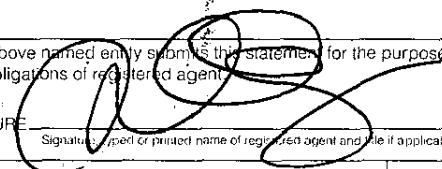
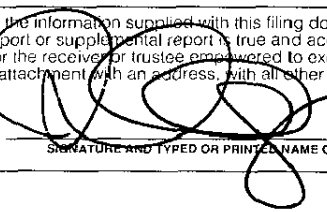


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90204 038 ***158.75

DOCUMENT # P01000004048 1. Entity Name MAR SOL BENEFITS CONSULTING, INC.																											
Principal Place of Business 1980 SOUTH OCEAN DRIVE SUITE 16D HALLANDALE, FL 33009		Mailing Address POST OFFICE BOX 083117 HALLANDALE, FL 33008-3117																									
2. Principal Place of Business 1985 South ocean Drive Suite, Apt. #, etc. Suite 2-F City & State Hallandale, FL Zip 33009		3. Mailing Address 1985 South ocean Drive Suite, Apt. #, etc. Suite 2-f City & State Hallandale, FL Zip 33009																									
Country USA		Country USA																									
4. FEI Number 65-1066712		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ESPIN-SANCHEZ, MARI V 1980 SOUTH OCEAN DR STE 16-D HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Espin-Sanchez, Mari v Street Address (P.O. Box Number is Not Acceptable) 1985 South ocean Drive Ste. 2-F City Hallandale FL Zip Code 33009																									
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  DATE 4-13-04 <small>(NOTE: Registered Agent signature required when reappointing)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSTD</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ESPIN-SANCHEZ, MARI V</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1980 SOUTH OCEAN DRIVE SUITE 16D</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HALLANDALE, FL 33009</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	ESPIN-SANCHEZ, MARI V		STREET ADDRESS	1980 SOUTH OCEAN DRIVE SUITE 16D		CITY-ST-ZIP	HALLANDALE, FL 33009		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PSTD</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Espin-Sanchez, Mari v</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1985 South ocean Drive ste. 2 F</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Hallandale, FL 33009</td> <td></td> </tr> </table>		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Espin-Sanchez, Mari v		STREET ADDRESS	1985 South ocean Drive ste. 2 F		CITY-ST-ZIP	Hallandale, FL 33009	
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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)(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: 		Date 4-13-04 Daytime Phone # 305-553-4333																									