


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

3. Mailing Address
1985 South ocean Drive

Suite, Apt. #, etc.
Suite 2-F

City & State
Hallandale, FL

Zip
33009

Country
USA

04132004 Chg-P CR2E034 (10/03)

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

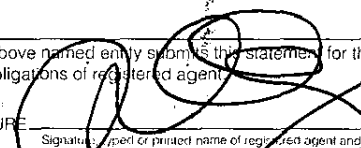
Ste. 2-F

City
Hallandale

State
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**

Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

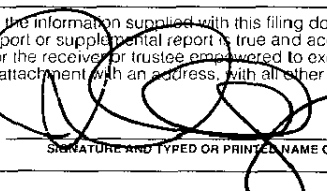
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESPIN-SANCHEZ, MARI V 1980 SOUTH OCEAN DRIVE SUITE 16D HALLANDALE, FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Espin-sanchez, mari v 1985 South ocean Drive ste. 2 F Hallandale, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  DATE: **4-13-04** DAYTIME PHONE #: **305-553-4333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR