
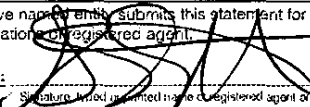
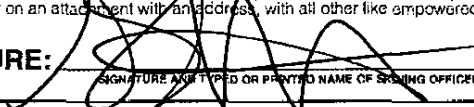


02-02-2004 90015 016 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P01000109787</b>					
1. Entity Name M. & G. EATON ENTERPRISES, INC.					
Principal Place of Business 5600 N.W. 102 AVENUE, SUITE A SUNRISE, FL 33351			Mailing Address 5600 N.W. 102 AVENUE, SUITE A SUNRISE, FL 33351		
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 52-2358436				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EATON SANCHEZ, GAIL D 5600 N.W. 102 AVENUE, SUITE A SUNRISE, FL 33351			Name: <b>GAIL D. SANCHEZ-EATON</b> Street Address (P.O. Box Number is Not Acceptable): <b>3600 NW 102 AVE STE A</b> City/State/Zip: <b>SUNRISE FL 33351</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 obligation of registered agent.					
SIGNATURE: 			DATE: <b>1/30/04</b>		(NOTE: Registered Agent signature required when resigning)
<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"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON SANCHEZ, GAIL D		NAME	<b>GAIL D. SANCHEZ-EATON</b>	
STREET ADDRESS	3000 E SUNRISE BLVD 7A		STREET ADDRESS	<b>3000 E SUNRISE BLVD 7A</b>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	<b>FT LAUDERDALE FL 33304</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, MAX S		NAME		
STREET ADDRESS	3000 E SUNRISE BLVD 7A		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			DATE: <b>1/30/04</b>		ID: <b>9546348221</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

24005468

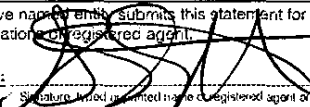


01302004 Chg-P CR2E034 (10/03)

4. FEI Number 52-2358436 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

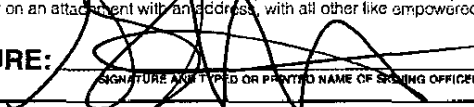
Name: **GAIL D. SANCHEZ-EATON**  
 Street Address (P.O. Box Number is Not Acceptable): **3600 NW 102 AVE STE A**  
 City/State/Zip: **SUNRISE FL 33351**

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 obligation of registered agent.  
 SIGNATURE:  DATE: **1/30/04**  
 (NOTE: Registered Agent signature required when resigning)

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON SANCHEZ, GAIL D		NAME	<b>GAIL D. SANCHEZ-EATON</b>	
STREET ADDRESS	3000 E SUNRISE BLVD 7A		STREET ADDRESS	<b>3000 E SUNRISE BLVD 7A</b>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP	<b>FT LAUDERDALE FL 33304</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, MAX S		NAME		
STREET ADDRESS	3000 E SUNRISE BLVD 7A		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE: **1/30/04** ID: **9546348221**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #