



**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90007 024 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000111609</b>			<b>40087330</b>
1. Entity Name <b>MARGOT PROPERTIES, INC.</b>			
Principal Place of Business <b>1000 ISLAND BLVD., #1203 AVENTURA, FL 33180</b>		Mailing Address <b>1000 ISLAND BLVD., #1203 AVENTURA, FL 33180</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		05012005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-1159643</b>	Applied For <input type="checkbox"/> 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  <b>MERCADO, ELIAS 1000 ISLAND BLVD., #1203 AVENTURA, FL 33180</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	D		
NAME	MERCADO, ELIAS		
STREET ADDRESS	1000 ISLAND BLVD., #1203		
CITY- ST- ZIP	AVENTURA, FL 33180		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____			