2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003404

Entity Name: MAF CONSULTING GROUP INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

287 BERMUDA SPRINGS DR. 14245 NW 19 ST

WESTON, FL 33326 PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

287 BERMUDA SPRINGS DR. 14245 NW 19 ST

WESTON, FL 33326 PEMBROKE PINES, FL 33028

FEI Number: 75-2974577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOCARAS, LUIS A ALVAREZ, MAURICIO 287 BERMUDA SPRINGS DR. ALVAREZ, MAURICIO 14245 NW 19 ST

WEESTON, FL 33326 US PEMBROKE PINES, FL 33028 US

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.

SIGNATURE: MAURICIO ALVAREZ 04/29/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Title: PSD (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

PSD () Delete Title: PSD (X) Change () Addition SOCARRAS, LUIS A Name: ALVAREZ, MAURICIO

 Address:
 287 BERMUDA SPRINGS DR.
 Address:
 14245 NW 19 ST

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 PEMBROKE PINES, FL 33028

 Title:
 VD
 (X) Delete
 Title:

 Name:
 ALVAREZ, MAURICIO
 Name:

 Address:
 287 BERMUDA SPRINGS DR.
 Address:

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICIO ALVAREZ PSD 04/29/2004