


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90011 029 \*\*\*150.00

**DOCUMENT # P02000017667**

1. Entity Name  
**MARZO & ASSOCIATES INSURANCE GROUP INC.**



Principal Place of Business  
**5255 WEST 26TH AVENUE #14  
 HIALEAH, FL 33016**

Mailing Address  
**5255 WEST 26TH AVENUE #14  
 HIALEAH, FL 33016**

*c/o Lopez Accounting*

**54073632**



2. Principal Place of Business  
**3121 W. 69th PL.**

3. Mailing Address  
**1800 W. 49 St.**

Suite, Apt. #, etc.  
**#201**

09222004 Chg-P CR2E034 (10/03)

City & State  
**Hialeah, FL**

City & State  
**Hialeah, FL**

4. FEI Number  
**02-0546399**

Applied For  
 Not Applicable

Zip Country  
**33018 USA**

Zip Country  
**33012 USA**

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

6. Name and Address of Current Registered Agent  
**MARZO, ARODIS  
 5255 WEST 26TH AVENUE #14  
 HIALEAH, FL 33016**

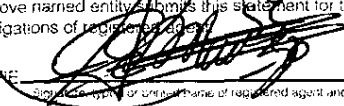
7. Name and Address of New Registered Agent

Name  
**Arodis MARZO**

Street Address (P.O. Box Number is Not Acceptable)  
**3121 W. 69 St.**

City  
**Hialeah** FL Zip Code  
**33018**

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  **Arodis Marzo** DATE **9/22/04**

(NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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

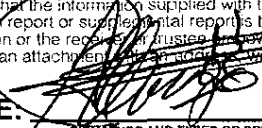
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MARZO, ARODIS 5255 WEST 26TH AVENUE #14 HIALEAH, FL 33016	<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	PD MARZO, Arodis 3121 W. 69 St. Hialeah, FL 33018	<input 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
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
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 reports 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 registered business 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, and that I am an officer or director or other like empowered.

SIGNATURE:  **Arodis MARZO, Pres.** DATE: **9/22/04** PHONE: **305 793-1389**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment  
54073632

September 22, 2004

Florida Department of State  
Division of Corporations  
2670 Executive Center Circle, Suite 100  
Tallahassee, Florida 32301

Re: Document #P02000017667

Dear Sir or Madam:

As a follow up to our telephone conversation and as per your instruction, attached herewith please find a duly completed Annual Report for the year 2004 along with a check in the amount of \$150.00 to cover for the annual fee. As I explained to you, we moved during the year 2003 and never received the notification to renew the corporation.

In addition, the corporation has been inactive all this time, and we now are going to commence operations. Therefore, we sincerely appreciate your assistance and cooperation to reinstating our corporation to good standing status.

Your assistance with this matter is greatly appreciated.

Sincerely,



Avedis Marzo  
President