


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90003 049 ***150.00

DOCUMENT # P02000030355	
1. Entity Name MAY CONSULTING AND MARKETING GROUP INC.	

Principal Place of Business 16085 N.W. 64 AVE #204 MIAMI LAKES, FL 33014	Mailing Address 16085 N.W. 64 AVE #204 MIAMI LAKES, FL 33014
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54033352



02182004 No Chg-P CRPE034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-2162785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTINEZ-MOLES, CANDIDA I 16085 N.W. 64 AVE #204 MIAMI LAKES, FL 33014
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLES, CANDIDA <i>Martinez-Moles</i> 16085 N.W. 64 AVE #204 MIAMI LAKES, FL 33014 <i>Candida S</i>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 2/19/04	Daytime Phone # 305-570-7085
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		