


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

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

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| 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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DO NOT WRITE IN THIS SPACE



03022006 No Chg-P CR2E034 (11/05)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTINEZ-MOLES, CANDIDA 1065 NW 64 AVE #204 MIAMI LAKES, FL 33014 |
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U00000457446
03/17/06-80004-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Candida I Martinez-Moles 3/2/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #