



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90002 040 ***150.00

DOCUMENT # P02000048715 1. Entity Name THE MARACHLI GROUP, INC.					
Principal Place of Business 7682 NW 182 LANE MIAMI, FL 33015			Mailing Address 7682 NW 182 LANE MIAMI, FL 33015		
2. Principal Place of Business 8078 NW 200 STREET Suite, Apt. #, etc.		3. Mailing Address 8078 NW 200 STREET Suite, Apt. #, etc.		54067161 	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 41-2041446	
Zip 33015		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCHLI, INGRID 7682 NW 182 LANE MIAMI, FL 33015				7. Name and Address of New Registered Agent Name MARACHLI, INGRID Street Address (P.O. Box Number is Not Acceptable) 8078 NW 200 STREET City MIAMI, FLORIDA FL Zip Code 33015	
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 <u>JORGE CAJ</u> DATE 07/26/2004 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARACHLI, GEORGES 7682 NW 182 LN MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARACHLI, MARIA ROSA 7682 NW 182 LN MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>JORGE CAJ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		07/26/2004 <small>Date</small>		(305) 829-3934 <small>Daytime Phone #</small>	