


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000074413	
1. Entity Name MAR & REY INC	

FILED

06 MAY -3 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1640547	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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Principal Place of Business 8647 SW 214 TERR 1304 #54 MIAMI, FL 33189	Mailing Address 8647 SW 214 TERR 1304 #54 MIAMI, FL 33189
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2. Principal Place of Business 15231 SW 80TH ST Suite, Apt. #, etc. Apt 309 City & State Miami, Florida Zip 33193 Country USA	3. Mailing Address 15231 SW 80TH ST Suite, Apt. #, etc. Apt 309 City & State Miami, Florida Zip 33193 Country USA
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6. Name and Address of Current Registered Agent LUGO, ESTHER 15906 SW 74 TER MIAMI, FL 33193

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15231 SW 80TH ST - Apt 309 City Miami FL Zip Code 33193

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: <i>Esther Lugo</i> DATE: May 02, 2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUGO, ESTHER 8647 SW 214 TERR 1304 #54 MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15231 SW 80TH ST - Apt 309 Miami, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900075028509 05/22/06--01035--024 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: <i>Esther Lugo</i> DATE: May 02, 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
