


**FILED**

**May 03, 2004 08:00 AM**  
Secretary of State

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000087176</b>	
1. Entity Name MARTA CECILIA DESIGN GROUP, INC.	

Principal Place of Business 35 NE 40 ST., 1-G MIAMI, FL 33137	Mailing Address 35 NE 40 ST., 1-G SUITE 303 MIAMI DESIGN DISTRICT MIAMI, FL 33137
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04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2085647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CRUTCHFIELD, TIMOTHY H 25 S.E. 2ND AVENUE SUITE 1020 MIAMI, FL 33131
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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 date if applicable	(NOTE: Registered Agent signature required when renouncing)	DATE _____
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**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	PD RODRIGUEZ, MARTA CECILIA 35 N.E. 40TH ST., #003 MIAMI DESIGN DIST. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V PINTO, EDUARDO 1561 NW 103 ST. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ALBAISA, ADOLFO Z 5057 COLLINS AVE., #12-G MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

U 10007148254  
05-03-2004-20070-006 150.00

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 a 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 or without, with or without, the filing.

SIGNATURE: X 	EDUARDO PINTO, VP.	04/22/04 (305) 571-9731
<small>SIGNATURE, TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>DEFENSE PHONE #</small>