


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000087176

1. Entity Name
MARTA CECILIA DESIGN GROUP, INC.



Principal Place of Business Mailing Address

35 NE 40 ST., 1-G 35 NE 40 ST., 1-G
MIAMI, FL 33137 SUITE 303 MIAMI DESIGN DISTRICT
MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
54-2085647 Not Applicable

5. Certificate of Status Desired \$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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MARTA CECILIA 35 N.E. 40TH ST., #303 MIAMI DESIGN DIST. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PINTO, EDUARDO 1361 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	

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IN THIS SPACE**

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: *Marta Cecilia Rodriguez* MARTA CECILIA RODRIGUEZ, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #