


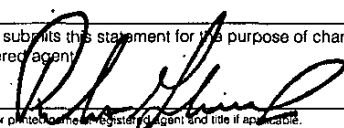
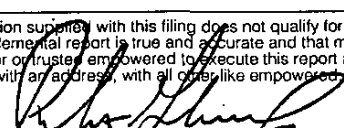
2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 DEC 20 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000104742			
1. Entity Name MR ASSOCIATED GROUP INC.			
Principal Place of Business 21218 ST. ANDREWS BLVD #527 BOCA RATON, FL 33433		Mailing Address 21218 ST. ANDREWS BLVD #527 BOCA RATON, FL 33433	
2. Principal Place of Business 19515 PRESIDENTIAL WAY		3. Mailing Address 19515 PRESIDENTIAL WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33179		Country	
4. FEI Number 30-0116875		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 GRINBERG, ROBERT 19515 PRESIDENTIAL WAY MIAMI, FL 33179		7. Name and Address of New Registered Agent Name ROBERT GRINBERG Street Address (P.O. Box Number is Not Acceptable) 19515 PRESIDENTIAL WAY City MIAMI FL Zip Code 33179	
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: 		DATE 12/2/04	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRINBERG, ROBERT 19515 PRESIDENTIAL WAY MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800043219098 12/06/04--01066--002 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARNAS, LEV 5336 BOCA MARINA CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR PARNAS, LEV 5336 BOCA MARINA CIRCLE BOCA RATON, FL 33437 <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	SECRETARY KARINA GRINBERG 19515 PRESIDENTIAL WAY MIAMI, FL 33179 <input type="checkbox"/> Change <input checked="" 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 submitted 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: 		PRESIDENT 12/2/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	