

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91242 002 ***150.00

DOCUMENT # P03000013577

1. Entity Name

MARKETING RESPONDER, INC.



Principal Place of Business

4590 S.W. 67 AVE. #11
 MIAMI FL 33155

Mailing Address

4590 S.W. 67 AVE. #11
 MIAMI FL 33155

2. Principal Place of Business

760 SW 164 AVE

3. Mailing Address

6850 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

City & State

PEWEEBROKE PINES, FL.

City & State

MIAMI FL.

4. FEI Number

02-0673165

Applied For

Not Applicable

Zip

33027

Country

U.S.A.

Zip

33155

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARGALLO, VLADIMIR
 310 FOUNTATINEBLUE BLV #402
 MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

760 SW 164 AVE.

City

PEWEEBROKE PINES

FL

Zip Code

33027

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]

VLADIMIR GARGALLO (PRES)

2/2/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST Delete
 NAME GARGALLO, VLADIMIR
 STREET ADDRESS 310 FOUNTATINEBLUE BLV #402
 CITY-ST-ZIP MIAMI FL 33172

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS 760 SW 164 AVE.
 CITY-ST-ZIP PEWEEBROKE PINES, FL. 33027

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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: *[Signature]* - VLADIMIR GARGALLO - 2/2/04 (786) 487-8924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #