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May 03, 2004 8:00 am
Secretary of State
05-03-2004 90772 041 ***150.00

ANNUAL REPORT (UBR)

DOCUMENT # P03000048289

1. Entity Name
MC GROUP & CONSULTANTS, INC.

14018310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21906 LAKE FOREST CIR	SAME
Suite, Apt. #, etc 203	Suite, Apt. #, etc SAME
City & State BOCA RATON FL	City & State SAME
Zip / Country 33433 USA	Zip / Country 33433 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0780452 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MANUEL C. MACO A.

Street Address (P.O. Box Number Is Not Acceptable)
21906 LAKE FOREST CIRC / SUITE 203

City: BOCA RATON FL Zip Code: 33433

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] MANUEL C. MACO A. 5/01/04
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when changing) DATE

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARIA DOLORES M. MACO 21906 LAKE FOREST CIRC / 203 BOCA RATON, FL 33433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
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CR2E036R (12/02)

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 on an attachment with an address, with all other like empowered.