
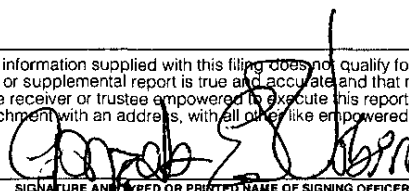


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90025 041 ***158.75

DOCUMENT # P03000049850 1. Entity Name U & L MARKETING & ACCOUNTING SERVICES, INC.					
Principal Place of Business 7920 BYRON AVENUE SUITE 5B MIAMI BEACH, FL 33141		Mailing Address 7920 BYRON AVENUE SUITE 5B MIAMI BEACH, FL 33141			
2. Principal Place of Business 615 82ND STREET Suite, Apt. #, etc. SUITE #3		3. Mailing Address 615 82ND STREET Suite, Apt. #, etc. SUITE #3			
City & State MIAMI BEACH, FLORIDA		City & State MIAMI BEACH, FLORIDA			
Zip 33141		Country USA		4. FEI Number 42-1599978	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent URBINA ARANGUREN, GONZALO E 7920 BYRON AVENUE SUITE 5B MIAMI BEACH, FL 33141			7. Name and Address of New Registered Agent URBINA ARANGUREN, GONZALO E. Street Address (P.O. Box Number is Not Acceptable) 615 82ND STREET SUITE #3 City MIAMI BEACH FL Zip Code 33141		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete URBINA ARANGUREN, GONZALO E 7920 BYRON AVENUE SUITE 5B MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition URBINA ARANGUREN, GONZALO E. 615 82ND STREET, SUITE #3 MIAMI BEACH, FL 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LOZANO HERNANDEZ, PEDRO JAVIER 7920 BYRON AVENUE SUITE 5B MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOZANO HERNANDEZ, PEDRO JAVIER 615 82ND STREET, SUITE #3 MIAMI BEACH, FL 33141	
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	
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 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: 			03-03-04 3058668479 Date Daytime Phone #		

54020299



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