2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004
Secretary of State

DOCUMENT# P03000054547

Entity Name: MC PROMOTIONS, INC.

Current Principal Place of Business:

PMB 196
2520 SW 22 STREET, STE 2
MIAMI, FL 33145

New Principal Place of Business:

927 LINCOLN ROAD
SUITE 100
MIAMI BEACH, FL 33139 US

Current Mailing Address:

PMB 196
2520 SW 22 STREET, STE 2
MIAMI, FL 33145

New Mailing Address:

927 LINCOLN ROAD
SUITE 100
MIAMI BEACH, FL 33139 US

FEI Number: 75-3114416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MESA, ADELE
PMB 196
2520 SW 22 STREET, STE 2
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MESA, ADELE
927 LINCOLN ROAD
SUITE 100
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: ADELE MESA 04/02/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MESA, ADELE
Address: PMB 196, 2520 SW 22 STREET, STE 2
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete
Name: DIEZ, ITZIAR
Address: 1865 BRICKELL AVE., #A914
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MESA, ADELE
Address: 927 LINCOLN ROAD, SUITE 100
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP (X) Change ( ) Addition
Name: DIEZ, ITZIAR
Address: 927 LINCOLN ROAD, SUITE 100
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELE MESA P 04/02/2004
Electronic Signature of Signing Officer or Director Date