


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000110575 1. Entity Name MKL DESIGN GROUP, INC.	
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FILED
 04 OCT -4 PM 3:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 711 GARDENS DR, UNIT 103 POMPANO BEACH, FL 33069	Mailing Address 711 GARDENS DR, UNIT 103 POMPANO BEACH, FL 33069
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2. Principal Place of Business 612 GARDENS DR Suite, Apt. #, etc. UNIT 103 City & State POMPANO Bch. FL.	3. Mailing Address 612 GARDENS DR. Suite, Apt. #, etc. UNIT 103 City & State POMPANO Bch, FL.
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09272004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0290951	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORALES, MIGUEL JR 711 GARDENS DR, UNIT 103 POMPANO BEACH, FL 33069	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Miguel Morales* MIGUEL MORALES 9.28.04
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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 MORALES, MIGUEL JR 711 GARDENS DR, UNIT 103 POMPANO BEACH, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200041564342 10/04/04--01027--022 **150.00
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
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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: *Miguel Morales* MIGUEL MORALES Sept 28, 2004 954914-3374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #