


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90059 012 ***150.00

DOCUMENT # P03000131588	
1. Entity Name A.I.P. MARKETING & CONSULTING, INC.	

Principal Place of Business 741 S.E. 4TH PLACE HIALEAH FL 33010 US	Mailing Address P.O. BOX 227595 MIAMI FL 33122 US
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2. Principal Place of Business	3. Mailing Address P.O. BOX 227056
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State MIAMI FL
Zip	Country USA

4. FEI Number 05-0591081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent IZQUIERDO, ALEJANDRO E 741 S.E. 4TH PLACE HIALEAH FL 33010	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME IZQUIERDO, ALEJANDRO E	
STREET ADDRESS 741 S.E. 4TH PLACE	
CITY-ST-ZIP HIALEAH FL 33010	
TITLE VP	<input type="checkbox"/> Delete
NAME IZQUIERDO, ALEJANDRO E	
STREET ADDRESS 741 S.E. 4TH PLACE	
CITY-ST-ZIP HIALEAH FL 33010	
TITLE S	<input type="checkbox"/> Delete
NAME IZQUIERDO, ALEJANDRO E	
STREET ADDRESS 741 S.E. 4TH PLACE	
CITY-ST-ZIP HIALEAH FL 33010	
TITLE T	<input type="checkbox"/> Delete
NAME IZQUIERDO, ALEJANDRO E	
STREET ADDRESS 741 S.E. 4TH PLACE	
CITY-ST-ZIP HIALEAH FL 33010	
TITLE D	<input type="checkbox"/> Delete
NAME IZQUIERDO, ALEJANDRO E	
STREET ADDRESS 741 S.E. 4TH PLACE	
CITY-ST-ZIP HIALEAH FL 33010	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:  **4/2/04** **(305) 858-8110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #