


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90034 017 \*\*\*158.75

<b>DOCUMENT # P03000153987</b>		
1. Entity Name <b>THE MAVERICK GROUP, INC.</b>		

Principal Place of Business <b>3907 N. FEDERAL HWY #183 POMPANO BEACH, FL 33064</b>	Mailing Address <b>3907 N. FEDERAL HWY #183 POMPANO BEACH, FL 33064</b>
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2. Principal Place of Business <b>800 East Broward Blvd</b>		3. Mailing Address <b>800 East Broward Blvd</b>	
Suite, Apt. #, etc. <b># 505</b>		Suite, Apt. #, etc. <b># 505</b>	
City & State <b>Ft. Lauderdale FL</b>		City & State <b>Ft. Lauderdale FL</b>	
Zip <b>33301</b>	Country <b>USA</b>	Zip <b>33301</b>	Country <b>USA</b>

02202004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0490535</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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6. Name and Address of Current Registered Agent <b>BORGIO, FABIO 3907 N. FEDERAL HWY #183 POMPANO BEACH, FL 33064</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BORGIO, FABIO 3907 N. FEDERAL HWY #183 POMPANO BEACH, FL 33064</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. Orlando Espinosa 8081 Sunrise Lakes Drive Sunrise, FL 33322</b> <input type="checkbox"/> Change <input checked="" 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
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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: _____	Date: <b>02-20-04</b>	Daytime Phone #: <b>954-462-0030</b>
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