

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90251 022 \*\*\*150.00

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04112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000060691			
1. Entity Name <b>MARGO MANAGEMENT, INC.</b>			
Principal Place of Business <b>222 LAKEVIEW AVENUE PH #5 WEST PALM BEACH, FL 33401 US</b>		Mailing Address <b>222 LAKEVIEW AVENUE PH #5 WEST PALM BEACH, FL 33401 US</b>	
2. Principal Place of Business <b>525 So. Flagler Drive</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>200</b>		Suite, Apt. #, etc.	
City & State <b>West Palm Beach, Fl</b>		City & State	
Zip <b>33401</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>201006285</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KOCHMAN, RONALD S 222 LAKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>JOEL P. KOEPEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>525 Trump Plaza Office Center</b> <b>525 South Flagler Drive, Suite 200</b> City <b>West Palm Beach</b> FL <b>33401</b>	
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:  DATE: <b>4/20/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	P GIL GARCIA, FRANCISCO 222 LAKEVIEW AVENUE, PH #5 WEST PALM BEACH, FL 33401 <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	S,T MORRISON, CARLOS G 222 LAKEVIEW AVENUE, PH #5 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>4/20/05</b> (561) 655-8962	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	