


2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-21-2006 90016 003 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000068326		
1. Entity Name MARKETING & ADVERTISING CONSULTANTS, INC.		

Principal Place of Business 10564 NW 51ST TERRACE MIAMI, FL 33178-3210	Mailing Address 10564 NW 51ST TERRACE MIAMI, FL 33178-3210
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02222006 Chg-P CR2E034 (11/05)

4. FEI Number 20-5158820		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 ESTABIL, MARIO A 10564 NW 51ST TERRACE MIAMI, FL 33178-3210		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, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST ESTABIL, MARIO A 10564 NW 51ST TERRACE MIAMI, FL 331783210 <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 exemptions contained in Chapter 119, 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:  Jan 24 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARKETING & ADVERTISING CONSULTANT, INC.

10564 NW 51st Terrace, Miami, Florida 33178-3210 Telephone (305) 223-2244

July 13, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reference No. P05000068326

Dear Eula:

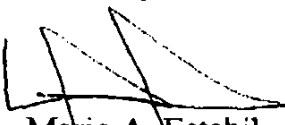
As per your instructions during our today's telephone conversation, I am sending back to you the Annual Report form I received from your office.

I included the FEI number in the Item 4 as you asked me to do.

As I mentioned to you I could not apply and obtain the FEI number within the time frame given because I was out of town when the letter arrived.

Finally I want to mention the polite and expedite manner you handled my telephone call which is not the usual treatment we expect; I appreciate it and encourage you to continue to serve the public in such a distinguished way.

Sincerely,



Mario A. Estabil
President