
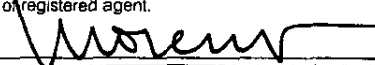
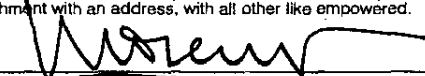


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90243 004 \*\*\*158.75

<b>DOCUMENT # P93000078969</b> 1. Entity Name <b>MORE ADVERTISING AGENCY, INC.</b>					
Principal Place of Business 2090 NW 79 AVENUE MIAMI, FL 33122			Mailing Address 2090 NW 79 AVENUE MIAMI, FL 33122		
2. Principal Place of Business 348 PAYNE DRIVE		3. Mailing Address 348 PAYNE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI SPRINGS		City & State MIAMI SPRINGS		4. FEI Number 65-0458109	
Zip 33166		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  MORENO, ANTONIO 13330 SW 5TH STREET MIAMI, FL 33184			7. Name and Address of New Registered Agent Name MARK A. MORENO Street Address (P.O. Box Number is Not Acceptable) 348 PAYNE DR. City MIAMI SPRINGS, <b>FL</b> Zip Code 33166		
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 04 - 27 - 04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORENO, MARK 348 PAYNE DR MIAMI SPRINGS, FL 33166 <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 MORENO, ANTONIO 13330 SW 5TH ST MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ANNIE M. MORENO 348 PAYNE DR. MIAMI SPRINGS, FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORENO, JULIA 13330 S.W. 5TH ST MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LUNA MORENO 348 PAYNE DR. MIAMI SPRINGS, FL 33166 <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	
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	
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: 			04 - 27 - 04      305 - 970 - 0199 <small>Date      Daytime Phone #</small>		

94075114



04272004 Chg-P CR2E034 (10/03)