


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90010 031 \*\*\*158.75

**DOCUMENT # P94000036999**

1. Entity Name  
**MARGAL VENTURES, LTD., INC.**



Principal Place of Business      Mailing Address

**1970 NE 149 ST  
 MIAMI, FL 33181**      **1970 NE 149 ST  
 MIAMI, FL 33181**

**54036843**

2. Principal Place of Business      3. Mailing Address

**7911 NW 12 AVE**      **7911 NW 12 AVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**214 B**      **214 B**

City & State      City & State

**MEDLEY, FLA.**      **MEDLEY, FLA.**

Zip      Country      Zip      Country

**33166**           **33166**           **33166**           **33166**

04142004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-0532713**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAAL, MARTON M**  
**1970 NE 149 N.E.**  
**MIAMI, FL 33181**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

**7911 NW 12 AVE**

City      State      Zip Code

**MEDLEY**      **FL**      **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>GAAL, MARTON M</b>
STREET ADDRESS	<b>1970 NE 149 ST</b>
CITY-ST-ZIP	<b>MIAMI, FL 33181</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>GAAL, MARTON M</b>
STREET ADDRESS	<b>NE 1614-105 ST.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33138</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** \_\_\_\_\_ **7/13 04** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #