2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000Q51402

Entity Name
 MARCO BRANT ACCESSORIES, INC.



Principal Place of Business

1000 PARKVIEW DR

918

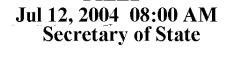
HALLANDALE, FL 33009

Mailing Address

1000 PARKVIEW DR

918

HALLANDALE, FL 33009



FILED



DO NOT WRITE IN THIS SPACE

_		 _	
4.	FEI Number	 	Applied For
_	65-0518906	 _ [Not Applicable

5. Certificate of Status Desired

No Chg-P

07022004

\$8.75 Additional Fee Regulard

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

BRANT, MARCO 1000 PARKVIEW DR STE 908 HALLANDALE, FL 33009

changed, or on an attact

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 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 II applicable. (NOTE Registered Agent signature required when reinstating) DATE								
		9. Election Campaign Trust Fund Contrib			in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIR	ECTORS						
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D BRANT, MARCO 1000 PARKVIEW DR, STE 918 HALLANDALE, FL 33009							
TITLE NAME STREET AODRESS CITY-ST-ZIP	. ,				U7/12/04-80812-017 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
IITLE NAME STREET ADDRESS GITY - ST - ZIP								
TITLE NAME STREET ADDRESS			-	· · · · · · · · · · · · · · · · · · ·				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Turther certify that the information indicated on this report or supplemental report is give and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR