

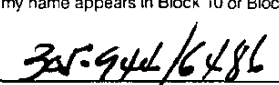


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90522 005 \*\*\*150.00

<b>DOCUMENT # P99000014362</b> 1. Entity Name <b>MARGREG CORPORATION</b>					
Principal Place of Business <b>100 BAYVIEW DRIVE, STE. 2028 NORTH MIAMI BEACH, FL 33160</b>			Mailing Address <b>100 BAYVIEW DRIVE, STE. 2028 NORTH MIAMI BEACH, FL 33160</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>4545 NW 7 STREET</b>  <b>SUITE # 12</b>		<div style="font-size: 24px; font-weight: bold;">66024582</div>  <div style="display: flex; justify-content: space-around; font-size: 12px;"> <span>07012005</span> <span>Chg-P</span> <span>CR2E034 (10/03)</span> </div>	
City & State		City & State <b>MIAMI</b>			
Zip	Country	Zip <b>FL</b>	Country <b>33126</b>		
4. FEI Number <b>65-1046026</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KUSCHNIR, GREGORIO 9481 BYRON AVE MIAMI, FL 33154</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>424-95 STREET</b> City <b>SURFSIDE</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.				FL Zip Code <b>33154</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PSD KUSCHNIR, GREGORIO 100 BAYVIEW DRIVE, STE. 2028 NORTH MIAMI BEACH, FL 33160 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> <b>424-95 STREET</b> <b>SURFSIDE, FL 33154</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD KUSCHNIR, MARY 100 BAYVIEW DRIVE, STE. 2028 NORTH MIAMI BEACH, FL 33160 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: 			JUL - 5 2005 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		