

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90013 044 ***150.00

DOCUMENT # P99000091161					
1. Entity Name MCC GROUP, INC.					
Principal Place of Business 6033 SW 191 AVE PEMBROKE PINES, FL 33332			Mailing Address 6033 SW 191 AVE PEMBROKE PINES, FL 33332		
2. Principal Place of Business 1900 VANBUREN ST Suite, Apt. #, etc. 322		3. Mailing Address 1900 VANBUREN ST Suite, Apt. #, etc. 322		94027107 	
City & State Hollywood, FL		City & State Hollywood, FL		4. FEI Number 65-0954836	
Zip 33020		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVIA, JUAN CARLOS 6033 SW 191 AVE. PEMBROKE PINES, FL 33332				7. Name and Address of New Registered Agent Name MARIA C. CORTES Street Address (P.O. Box Number is Not Acceptable) 1900 VANBUREN ST #322 City Hollywood FL Zip Code 33020	
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: <u>Clemente</u> DATE: <u>3/3/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CORTES, MARIA C STREET ADDRESS 6033 SW 191 AVE. CITY - ST - ZIP PEMBROKE PINES, FL 33332	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME DEVIA, JUAN C STREET ADDRESS 3075 NE 190 STREET, #304 CITY - ST - ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE V NAME MARIA C. CORTES STREET ADDRESS 1900 VANBUREN ST #322 CITY - ST - ZIP Hollywood FL 33020	<input checked="" 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	
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: <u>Clemente</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/3/04 305-409609 Date Daytime Phone #		