


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

01-30-2004 90071 029 \*\*\*150.00

**DOCUMENT # P02000116780**

1. Entity Name  
**M2CG, INC.**



Principal Place of Business      Mailing Address  
**15040 WINDOVER WAY**      **15040 WINDOVER WAY**  
**DAVIE, FL 33331**      **DAVIE, FL 33331**



2. Principal Place of Business      3. Mailing Address  
**720 Celebration Ave**      **720 Celebration Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01222004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Celebration Florida**      **Celebration Florida**  
 Zip      Country      Zip      Country  
**34747**      **USA**      **34747**      **USA**

4. FEI Number      Applied For  
**51-0433810**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRAVES, CHERYL**  
**15040 WINDOVER WAY**  
**DAVIE, FL 33331**

7. Name and Address of New Registered Agent  
 Name      **GRAVES CHERYL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**863 Spring Park Loop #102**  
 City      **Celebration**      **FL**      Zip Code  
**34747**

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>D</b> <input type="checkbox"/> Delete
NAME	<b>GRAVES, CHERYL</b>
STREET ADDRESS	<b>15040 WINDOVER WAY</b>
CITY-ST-ZIP	<b>DAVIE, FL 33331</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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Graves, Cheryl</b>
STREET ADDRESS	<b>863 Spring Park Loop #102</b>
CITY-ST-ZIP	<b>Celebration Fl. 34747</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OFFICER MARTHA Culajay</b>
STREET ADDRESS	<b>20336 melville st.</b>
CITY-ST-ZIP	<b>Orlando Florida 32833</b>
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: *Martina Culajay*      Date: 1-26-04      Daytime Phone #: 321-939-1100