


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-27-2006 90093 027 ***150.00

DOCUMENT # L64096 1. Entity Name MHONE, CORP.	
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Principal Place of Business 5900 SW 34 STREET MIAMI, FL 33155	Mailing Address 5900 SW 34 STREET MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE

02032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0355683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARTIN-HIDALGO, NICOLAS J.
5900 SW 34 STREET
MIAMI, FL 33155

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARTIN-HIDALGO, N.A. 5900 S.W. 34TH ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARTIN-HIDALGO, N.J. 10225 S.W. 87 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARTIN-HIDALGO, MARIA A. 8260 SW 114 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Martin Hidalgo 3/10/06 3055198455
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #



ATTACHMENT
66005444

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

MHONE, CORP.
5900 SW 34 STREET
MIAMI, FL 33155

Subject: **MHONE, CORP.**

Reference Number: L64096

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION

*Enclosed please find signed
Annual Report. -*