

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M78370

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: M-DEN, INCORPORATED

**Current Principal Place of Business:**

3908 N 29 AVE  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

3908 N 29 AVE  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

FEI Number: 65-0047536      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRAFF, DENNIS  
3908 N 29TH AVE  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BRAFF, MARCIA,  
Address: 9751 ENCHANTED POINTE LANE  
City-St-Zip: BOCA RATON, FL 33496

Title: PD ( ) Delete  
Name: BRAFF, DENNIS,  
Address: 9751 ENCHANTED POINTED LN  
City-St-Zip: BOCA RATON, FL 33496

Title: VPST ( ) Delete  
Name: POLEO, JOSE R  
Address: 440 DEER CREEK PATH  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete  
Name: POLEO, BARBARA  
Address: 440 DEER CREEK PATH  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS BRAFF

PD

02/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date