

2005 FOR PROFIT CORPORATION ANNUAL REPORT


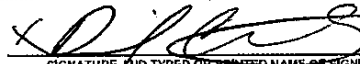
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Feb 09, 2005 8:00 am
Secretary of State

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01222005 Chg-P CR2E034 (10/03)

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|---|---|--|---|
| DOCUMENT # P01000081370 | |  | |
| 1. Entity Name MB FACTORS INC. | | | |
| Principal Place of Business 2095 NW 141 ST OPA LOCKA, FL 33054 | | Mailing Address 2095 NW 141 ST OPA LOCKA, FL 33054 | |
| 2. Principal Place of Business 14720 NW 24 CT Suite, Apt. #, etc. | | 3. Mailing Address 14720 NW 24 CT Suite, Apt. #, etc. | |
| City & State OPA LOCKA, FL. | | City & State OPA LOCKA, FL. | |
| Zip 33054 | | Country | |
| 4. FEI Number 65-1130753 | | 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 CABALLERO, DANIEL 1500 WEST 76TH ST. HIALEAH A, FL 33014-1111 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 14720 NW 24 CT FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP | PVST CABALLERO, DANIEL 1500 W 76 ST. HIALEAH, FL 33014 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CABALLERO, DANIEL 1500 W 76 ST. HIALEAH, FL 33014 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(l), 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:  | | Date: 01-22-05 (305) 685-3040 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |