


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

| | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P03000066850 1. Entity Name MPR FINANCE GROUP, INC. |  |
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|------------------------------------------------------------------|------------------------------------------------------|
| Principal Place of Business 4920 SW 87 AVE MIAMI, FL 33165 | Mailing Address 4920 SW 87 AVE MIAMI, FL 33165 |
|------------------------------------------------------------------|------------------------------------------------------|

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01072005 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 56-2376069 | 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

RAUL, LORIE
4920 SW 87 AVE
MIAMI, FL 33165

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|----------------------------------------------------|-----------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V LORIE, RAUL A 4920 SW 87 AVE MIAMI, FL 33165 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PADRON-ROBBINS, MARIA 4920 SW 87 AVE MIAMI, FL 33165 |
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 56-2376069-017 150.00

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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)(f), 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: MARIA PADRON-ROBBINS 01/22/05 (305) 598-6679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #