
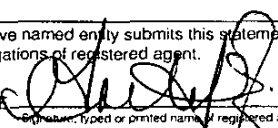
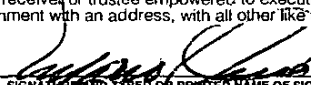


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 DEC 23 PM 12: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000109043 1. Entity Name M.C.P. Family Investments, Inc.			
Principal Place of Business 6860 NW 75 Street Medley, FL 33166		Mailing Address	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4551 Ponce de Leon Blvd. Suite, Apt. #, etc.	
City & State Coral Gables, FL		4. FEI Number 07082005 Chg-P CR2E034 (10/03)	
Zip 33146	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A & A REGISTERED AGENT, INC. 2450 SW 137TH AVENUE SUITE 224 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name A & A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable) 4551 Ponce de Leon Boulevard City Coral Gables FL Zip Code 33146	
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  Gretel Rodriguez, President 7/7/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTD PINO, MARIO 6860 NW 75 STREET Medley, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900059999189 09/27/05--01032--001 **308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, CIRA 6860 NW 75 STREET Medley, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900059999189 12/28/05--01058--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900059999189 09/27/05--01032--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition #150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date _____ Daytime Phone # _____	

5/05/04 9257 010 150.00

