


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90263 018 \*\*\*150.00

<b>DOCUMENT # P04000019019</b>	
1. Entity Name MRCB INVESTMENTS, INC.	

Principal Place of Business 2551 SANCTUARY DRIVE WESTON, FL 33327	Mailing Address 2551 SANCTUARY DRIVE WESTON, FL 33327
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2. Principal Place of Business <i>15801 Pines Blvd.</i>	3. Mailing Address <i>15801 Pines Blvd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Pembroke Pines, Florida</i>	City & State <i>Pembroke Pines Fl.</i>
Zip <i>33027</i>	Zip <i>33027</i>
Country <i>United States</i>	Country <i>United States</i>

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UDINE, MOREY 6209 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33319		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UDINE, SCOTT R 2551 SANCTUARY DRIVE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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, and all other like empowered.

**SIGNATURE:** *Scott R. Udine* **4/26/05** **(954) 442-8574**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



04262005 Chg-P CR2E034 (10/03)

4. FEI Number **81-0651806**  Applied For  Not Applicable

6. Certificate of Status Desired  **\$8.75** Additional Fee Required