

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90038 049 ***150.00

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03132007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000034794				
1. Entity Name M.R. 1602 CORPORATION				
Principal Place of Business 75 VALENCIA AVENUE SECOND FLOOR CORAL GABLES, FL 33134		Mailing Address 75 VALENCIA AVENUE SECOND FLOOR CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # <i>18660 Collins Ave</i>		3. Mailing Address <i>1101 Brickell Ave</i>		
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 1700</i>		
City & State <i>Sunny Isles Bch, FL</i>		City & State <i>MIAMI, FL</i>		4. FEI Number 20-2493494
Zip <i>33140</i>		Zip <i>33131</i>		Applied For <input type="checkbox"/> Not Applicable
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JORGE E. OTERO & ASSOCIATES, P.A. 75 VALENCIA AVENUE SUITE 200 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent
				Name <i>AURORA PENALVER, ESQ</i>
				Street Address (P.O. Box Number is Not Acceptable) <i>1101 Brickell Ave # 1700</i>
				City <i>Miami</i> FL Zip Code <i>33131</i>
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 <i>Aurora Penalver</i> AURORA PENALVER 3/13/07				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 D	<input checked="" type="checkbox"/> Delete			TITLE <i>Director/President</i>
NAME OTERO, JORGE E				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 75 VALENCIA AVENUE, SECOND FLOOR				NAME <i>Julio Escudero</i>
CITY-ST-ZIP CORAL GABLES, FL 33134				STREET ADDRESS <i>18660 Collins Ave</i>
				CITY-ST-ZIP <i>Sunny Isles Beach, FL 33160</i>
TITLE	<input type="checkbox"/> Delete			TITLE
NAME				NAME
STREET ADDRESS				STREET ADDRESS
CITY-ST-ZIP				CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete			TITLE
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TITLE	<input type="checkbox"/> Delete			TITLE
NAME				NAME
STREET ADDRESS				STREET ADDRESS
CITY-ST-ZIP				CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Julio Carlos Escudero Montoto</i> 13-III-2007 (305) 579-9000				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				