


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S31482**  
 1. Entity Name  
 MP ASSOCIATED CONTRACTORS, INC.



Principal Place of Business      Mailing Address  
 9944 NW 49 TERR                      9944 NW 49 TERR  
 MIAMI, FL 33178                      MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**



03152005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0241617      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PINO, MIGUEL L.  
 9944 NW 49 TERR  
 MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**

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

1000000276834  
 03/26/05-80005-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PINO, MIGUEL L.
STREET ADDRESS	9944 NW 49 TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	ANGULO, LUIS A
STREET ADDRESS	9250 SW 41 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Miguel Pino      Date: 3/22/05      Daytime Phone #: (305) 599-9954