


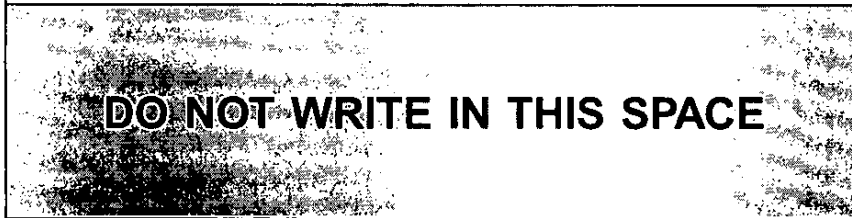
**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State


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



Principal Place of Business: 15210 SW 74TH CT, MIAMI, FL 33167
Mailing Address: 15210 SW 74TH CT, MIAMI, FL 33167

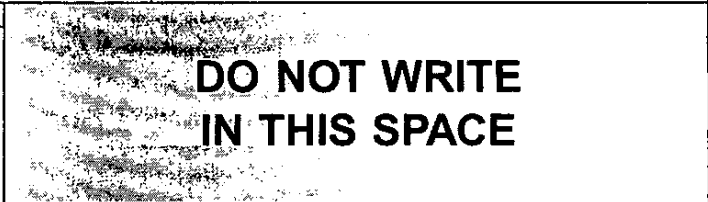


01122007 No Chg-P CR2E034 (11/05)



4. FEI Number: 65-0241617 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PINO, MIGUEL L.
15210 SW 74TH CT
MIAMI, FL 33187



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.

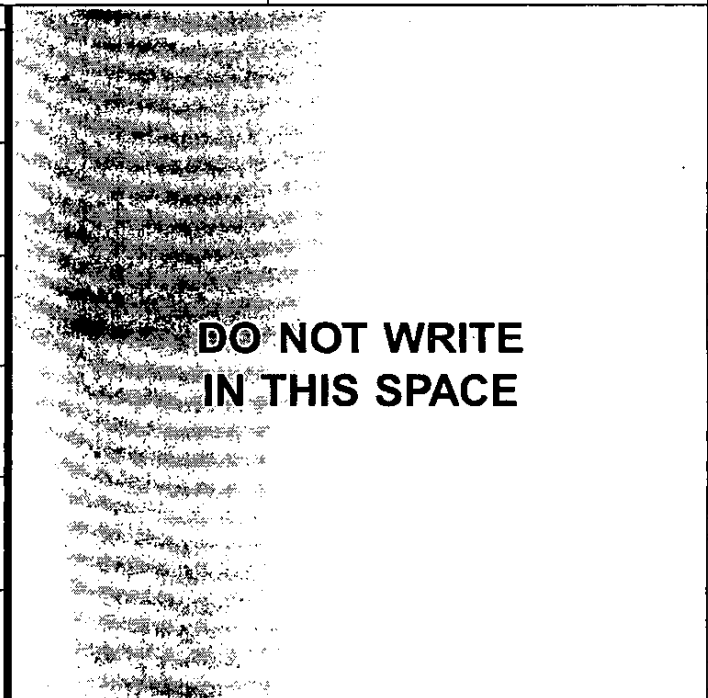
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

02/06/07-80035-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PINO, MIGUEL L.
STREET ADDRESS	15210 SW 74TH CT
CITY-ST-ZIP	MIAMI, FL 33187
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	



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: _____ Date: 1/30/07 Daytime Phone #: (305) 951-2935

80035-005