


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000071132</b> 1. Entity Name <b>MOPMM, INC.</b>	
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Principal Place of Business <b>14319 SKY FLOWER LANE TAMPA, FL 33626</b>	Mailing Address <b>14319 SKY FLOWER LANE TAMPA, FL 33626</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HABERMAN, MILTON H  
14319 SKY FLOWER LANE  
TAMPA, FL 33626**

**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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000577340 01/08/07-80011-017 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HABERMAN, MILTON H 14319 SKY FLOWER LANE TAMPA, FL 33626</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO HABERMAN, REGINA A 14319 SKY FLOWER LANE TAMPA, FL 33626</b>
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IN THIS SPACE**

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:** Milton H. Haberman Milton H. Haberman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #