

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000078805

**Entity Name:** M.C.P. FAMILY INVESTMENTS II, INC.

**FILED**  
**Apr 01, 2016**  
**Secretary of State**  
**CC0002187945**

**Current Principal Place of Business:**

135 SAN LORENZO AVENUE  
SUITE 820  
CORAL GABLES, FL 33146

**Current Mailing Address:**

135 SAN LORENZO AVENUE  
SUITE 820  
CORAL GABLES, FL 33146 US

**FEI Number:** 20-5069270

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

A&A REGISTERED AGENT, INC.  
135 SAN LORENZO AVENUE  
SUITE 820  
CORAL GABLES, FL 33146 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name PINO, MARIO  
Address 6860 NW 75TH STREET  
City-State-Zip: MEDLEY FL 33166

Title D  
Name PINO, CIRA  
Address 6860 NW 75TH STREET  
City-State-Zip: MEDLEY FL 33166

Title T  
Name BLANCO, MERCY M  
Address 6860 NW 75TH STREET  
City-State-Zip: MEDLEY FL 33166

Title VPS  
Name PINO, JORGE  
Address 6860 NW 75TH ST  
City-State-Zip: MEDLEY FL 33166

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIO PINO

PD

04/01/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date