

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # 411548

1. Entity Name
M.B.R. INDUSTRIES, INC.



Principal Place of Business

**3201 NW 116TH STREET
MIAMI, FL 33167**

Mailing Address

**3201 NW 116TH STREET
MIAMI, FL 33167**



04052007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1429826

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POMERANC, BERNARD
3201 N.W. 116TH STREET
MIAMI, FL 33167**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE	SE
NAME	POMERANC, PATRICIA
STREET ADDRESS	3201 NW 116TH ST
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	PD
NAME	POMERANC, BERNARD D.
STREET ADDRESS	3201 NW 116TH ST
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	VPD
NAME	POMERANC, MANNY
STREET ADDRESS	3201 NW 116 STREET
CITY-ST-ZIP	MIAMI, FL 331672917
TITLE	VPD
NAME	POMERANC, BRIAN
STREET ADDRESS	3201 NW 116 STREET
CITY-ST-ZIP	MIAMI, FL 331672917
TITLE	VPD
NAME	POMERANC, REUBEN
STREET ADDRESS	3201 NW 116 STREET
CITY-ST-ZIP	MIAMI, FL 331672917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UG00000723719
05/02/07-00083-004-138-75

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN POMERANC

Date

Daytime Phone #

4-5-07

305 764-1000