

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**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



03042008 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 <input type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	

U00000929926  
05/21/08-80087-021 150.00

**DO NOT WRITE  
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #