

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90020 020 ***150.00

DOCUMENT # 443503

1. Entity Name
M. P. R. CORPORATION



Principal Place of Business
7705 SW 84TH ST CT
MIAMI, FL 33143 US

Mailing Address
7705 SW 84TH ST CT
MIAMI, FL 33143 US

54016831



DO NOT WRITE IN THIS SPACE

01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1545600	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

RODRIGUEZ, ERNESTO
7705 SW 84TH ST CT
MIAMI, FL 33143

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ (ERNESTO)
STREET ADDRESS	7705 SW 84TH ST CT
CITY-ST-ZIP	MIAMI, FL 33143

7705 SW 84 CT

TITLE	DV
NAME	RODRIGUEZ, NORMA B.
STREET ADDRESS	7705 SW 84TH ST CT
CITY-ST-ZIP	MIAMI, FL 33143

7705 SW 84 CT

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

03/03/04