

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 10, 2008
Secretary of State**

DOCUMENT# 737323

Entity Name: M ENSEMBLE COMPANY

Current Principal Place of Business:

12320 W DIXIE HWY
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1175
MIAMI, FL 33168

New Mailing Address:

FEI Number: 59-1773348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHARDSON, SHIRLEY
11203 NE 10TH AVENUE
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHWALM LAWHORN, PAMELA E
Address: 1170 NE 143RD STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: STD () Delete
Name: WILLIAMS, RUTH
Address: 19501 EAST COUNTRY DRIVE BLDG 9, #408
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: RICHARDSON, SHIRLEY
Address: 11203 NE 10TH AVENUE
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: WILLIAMS, PATRICIA E
Address: P.O. BOX 680923
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY RICHARDSON

D

05/10/2008

Electronic Signature of Signing Officer or Director

Date