


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # F00000000357 1. Entity Name MTF MANAGEMENT CORPORATION	
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Principal Place of Business NINE DRBA WAY, BOX 9 NEW CASTLE, DE 19720	Mailing Address C/O FINSER CORPORATION 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
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03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2077748	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JENSEN, JOAN BURTON
550 BILTMORE WAY, SUITE 900
MIAMI, FL 33134**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000000476438
04/06/06-80010-002 158.75

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	KEON, WILLIAM T III
STREET ADDRESS	550 BILTMORE WAY, SUITE 900
CITY - ST - ZIP	CORAL GABLES, FL 33134

TITLE	VSD
NAME	JENSEN, JOAN BURTON
STREET ADDRESS	550 BILTMORE WAY, SUITE 900
CITY - ST - ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: 

Joan Burton Jensen

Director, Vice-Pres. & Secretary

March 17, 2006

403-442-3452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #