

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006188

Entity Name: MPF DELAWARE, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16000 NW 59TH AVE.  
#104  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

16000 NW 59TH AVE.  
#104  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 31-1811860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: P  
Name: SCAGLIONE, ALBERT  
Address: 16000 NW 59TH AVE., #104  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP  
Name: MOLINA, ALBERT R  
Address: 16000 NW 59TH AVE., #104  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VST  
Name: YANKE, NICOLETTE  
Address: 16000 NW 59TH AVE., #104  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICOLETTE YANKE

VST

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date