

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K37038</b>	
1. Entity Name MABRO, INC.	
Principal Place of Business 450 N PARK ROAD #500 HOLLYWOOD, FL 33021 US	Mailing Address 450 N PARK ROAD #500 HOLLYWOOD, FL 33021 US



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0079308	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**

ISRAEL, MARILYN R  
450 N PARK ROAD 500  
HOLLYWOOD, FL 33021

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000617800  
02/08/07-80003-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ISRAEL, SHEILA E
STREET ADDRESS	450 N PARK RD #500
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VPD
NAME	ISRAEL, SHEILA E
STREET ADDRESS	450 N PARK RD #500
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	SD
NAME	ISRAEL, MARILYN R
STREET ADDRESS	450 N PARK RD #500
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN R. ISRAEL

1/31/07

Date

954-985-6767

Daytime Phone #