

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 08:00 A
Secretary of State

DOCUMENT # L33484

1. Entity Name
MPI GROUP (FLORIDA) INC.



Principal Place of Business

11 CHURCH ST. SUITE 200
TORONTO ONTARIO M5E1W1
CANADA, ON M5E1W-1 CA

Mailing Address

11 CHURCH ST. SUITE 200
TORONTO ONTARIO M5E1W1
CANADA, ON M5E1W-1 CA



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0113221

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, RALPH SR.
6019 153 ROAD
LIVE OAK, FL 32060

**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

U00000764693
05/31/07-80006-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	YAZDI, BHARUCHA
STREET ADDRESS	11 CHURCH ST STE 200
CITY-ST-ZIP	TORONTO, ONTARIO, CA m5e 1w1
TITLE	VPD
NAME	JACOBSON, RUSSELL
STREET ADDRESS	11 CHURCH ST. STE. 200
CITY-ST-ZIP	TORONTO, ONTARIO, CA m5e 1w1
TITLE	VPD
NAME	POWERS, THOMAS E
STREET ADDRESS	11 CHURCH ST STE 200
CITY-ST-ZIP	TORONTO, ON m5e 1w1
TITLE	CEO
NAME	STEIN, MICHAEL
STREET ADDRESS	11 CHURCH STREET, STE 200
CITY-ST-ZIP	TORONTO, ON m5e 1w1
TITLE	CPSD
NAME	STEIN, MICHAEL
STREET ADDRESS	11 CHURCH STREET, STE 200
CITY-ST-ZIP	TOTONTO, ON m5e 1w1
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

5/12/07

Date

3863644066

Daytime Phone #