


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L38035</b> 1. Entity Name MPMZ - A CORP.	
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Principal Place of Business 1400 SW 1ST COURT POMPANO BEACH, FL 33069	Mailing Address 1400 SW 1ST COURT POMPANO BEACH, FL 33069
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**DO NOT WRITE IN THIS SPACE**



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0166604	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

SCHIMMEL, ROBERT L.  
3191 CORAL WAY  
PH-2  
MIAMI, FL 33145

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	04/24/08-60025-005-150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZACKER, HARVEY 1400 SW 1ST COURT POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKMAN, STANLEY 1400 SW 1ST COURT POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV PFEFFER, STANLEY 1400 SW 1ST COURT POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MARKMAN, CRAIG 1400 SW 1ST COURT POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 the corporation, with all other like empowered.

**SIGNATURE:**  **4/9/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #