2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M05919

Address:

City-St-Zip:

Entity Name: M.B. CENTRAL PACIFIC INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	/7TH STREE ION, FL 3332					
Current N	lailing Addre	ss:	New Mailin	New Mailing Address:		
	/7TH STREETION, FL 3332					
FEI Number	: 59-2449877	FEI Number Applied For ()	FEI Number Not Applic	cable () Ce	rtificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Address of New	Registered Agent:	
PLANTAT	/ 7TH STREET ION, FL 3332		nurnose of changing its	s registered office	e or registered agent or both	
	e of Florida.	Submits this statement for the	purpose of changing is	s registered office	or registered agent, or both,	
SIGNATU						
		nic Signature of Registered Ag	gent		Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PERILLA, MAF 830 S HOLLYI) Delete RIA BROOK DRIVE IINES, FL 33025	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	VP (BROWN, LLO 6475 N.W. 77 PARKLAND, F	TH PLACE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	VP (HALL, SHANT/ 13625 GRAGS TAMPA, FL 33	STON CIRCLE	Title: Name: Address: City-St-Zip:	() Cha	ange()Addition	
Title: Name:	() Delete	Title: Name:	VP () Cha	ange (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address: City-St-Zip: 8859 NW 181STREET

HIALEAH, FL 33018

SIGNATURE: MARIA PERILLA PD 04/22/2008