


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90010 032 ****70.00

DOCUMENT # N44100 1. Entity Name M.B.P.D. RETIREES CORP.					
Principal Place of Business 999 - 11TH STREET MIAMI BEACH, FL 33139			Mailing Address 5701 S.W. 134 AVENUE SOUTHWEST RANCHES, FL 33330 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0352549	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent BASLER, JOSEPH F 914 W 66 STREET HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Charles Spraydar Street Address (P.O. Box Number is Not Acceptable) 5701 SW 134 Ave City Southwest Ranches FL Zip Code 33330	
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 <i>Charles Spraydar</i> Charles SPRAYDAR 1/7/2008 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWNLOW, JOSEPH <input checked="" type="checkbox"/> Delete 5301 SW 145 AVENUE FORT LAUDERDALE, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William O'Neil 2551 NW 103 Ave #405 SUNRISE, FL, 33322	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VESKI, LYNDIA <input type="checkbox"/> Delete 3350 S.W. 131 TERRACE DAVIE, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERAYDAR, CHARLES <input type="checkbox"/> Delete 5701 S.W. 134 AVENUE SOUTHWEST RANCHES, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vincent Aprite 999 11st. MIAMI BEACH, FL, 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <i>Charles Spraydar</i> 1/7/2008 305-725-7935 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					