

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44100

FILED
Jun 01, 2009
Secretary of State

Entity Name: M.B.P.D. RETIREES CORP.

Current Principal Place of Business:

999 - 11TH STREET
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

5701 S.W. 134 AVENUE
SOUTHWEST RANCHES, FL 33330 US

New Mailing Address:

FEI Number: 65-0352549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SERAYDAR, CHARLES
5701 SW 134 AVE
S.W. RANCHES, FL 33330 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: O'NEAL, WILLIAM
Address: 2551 NW 103 AVE #405
City-St-Zip: SUNRISE, FL 33322 US

Title: VP () Delete
Name: VESKI, LYNDIA
Address: 3350 S.W. 131 TERRACE
City-St-Zip: DAVIE, FL 33330 US

Title: TD () Delete
Name: SERAYDAR, CHARLES
Address: 5701 S.W. 134 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: SD () Delete
Name: APRILE, VINCENT
Address: 999 11ST
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SERAYDAR

TD

06/01/2009

Electronic Signature of Signing Officer or Director

Date