

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 07, 2009**  
**Secretary of State**

DOCUMENT# N44100

**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:**999 11TH STREET  
MIAMI BEACH, FL 33139**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 ( )****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:** PD      (X) Change ( ) Addition  
**Name:** APRILE, VINCENT  
**Address:** 200 N.W. 121 AVENUE  
**City-St-Zip:** CORAL SPRINGS, FL 33071 US**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SD      (X) Change ( ) Addition  
**Name:** DONNELLY-OCHOA, JOAN  
**Address:** 1590 N.W. 159TH AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33028

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

T/D

12/07/2009

Electronic Signature of Signing Officer or Director

Date