

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000017851

1. Entity Name
MPN HOLDINGS, INC.



Principal Place of Business
11471 W. SAMPLE ROAD
#34
CORAL SPRINGS, FL 33065

Mailing Address
11471 W. SAMPLE ROAD
34
CORAL SPRINGS, FL 33065



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0990103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NADAYL, AUGUSTINE
11471 W. SAMPLE ROAD
#34
CORAL SPRINGS, FL 33065

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POOVAN, MATHEW
STREET ADDRESS 11471 W. SAMPLE ROAD #34
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE SD
NAME POOVAN, ELSY
STREET ADDRESS 11471 W. SAMPLE ROAD #34
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE TD
NAME NADAYIL, LIZY
STREET ADDRESS 1152 N. UNIVERSITY DR. SUITE 303
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE D
NAME NADAYIL, MARY
STREET ADDRESS 1152 N. UNIVERSITY DRIVE SUITE 303
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000274747
03/24/05-80024-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.

SIGNATURE: Mathew Poovan MATHEW POOVAN

03/18/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #