

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90030 001 \*\*\*150.00

**DOCUMENT # P00000108579**

1. Entity Name  
**M PLUS P, INC.**



Principal Place of Business  
**591 SW 27TH AVE.  
FT. LAUDERDALE, FL 33312**

Mailing Address  
**591 SW 27TH AVE.  
FT. LAUDERDALE, FL 33312**

**20031030**



02172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1057338**

Applied For  
☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PELAGE, MICHELLE**  
**1083 NE 20TH TERR.**  
**N. MIAMI BCH, FL 33179**  
**PELAGE MICHELLE**  
**5216 RISING COMET LN**  
**GREENACRES FL. 33463**

**DO NOT WRITE  
IN THIS SPACE**

B. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**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	D
NAME	PELAGE, MICHELLE
STREET ADDRESS	1701 NE 168TH ST.
CITY-ST-ZIP	N. MIAMI BCH, FL 33162
TITLE	D
NAME	PELAGE MICHELLE
STREET ADDRESS	5216 RISING COMET LN
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/05 954) 791.0609  
Date Daytime Phone #