

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90275 003 \*\*\*150.00

**DOCUMENT # P00000115737**

1. Entity Name

MPM CARPENTRY, INC.



Principal Place of Business

2000 NE 135TH STREET  
305  
MIAMI FL 33181

Mailing Address

2000 NE 135TH STREET  
305  
MIAMI FL 33181

2. Principal Place of Business

3. Mailing Address

1279 PRESIDIO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WESTON FL

Zip

Country

Zip

33327

Country

U.S.A

4. FEI Number

65-1096182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAUFLEUR, PABLO E  
2000 N.E. 135TH STREET #305  
NORTH MIAMI BEACH FL 33141

Name **CHAUFLEUR, PABLO ERWIN**

Street Address (P.O. Box Number is Not Acceptable)

1279 PRESIDIO DRIVE

City **WESTON**

**FL**

Zip Code

33327

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHAUFLEUR, PABLO E  
2000 N.E. 135TH STREET #305  
N MIAMI FL 33181

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CHANFLEUR, PABLO E  
2000 NE 135TH ST #305  
N. MIAMI FL 33181

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Pablo Chaufleur*

PABLO CHAUFLEUR 04-26-04 305 490-9082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #