

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90050 030 ***150.00

DOCUMENT # P01000027323
 1. Entity Name
MPLG ENTERPRISES INC



Principal Place of Business Mailing Address
5624 LAGOON DRIVE **5624 LAGOON DRIVE**
FORT LAUDERDALE FL 33312 **FORT LAUDERDALE FL 33312**

50014200



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-1087386** Applied For
~~76-6015313~~ Not Applicable

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

6. Name and Address of Current Registered Agent
POITRAS, MICHEL
2795 E MARINA DR
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

TITLE	P <input type="checkbox"/> Delete
NAME	POITRAS, MICHAEL
STREET ADDRESS	2795 E MARINA DR
CITY-ST-ZIP	FORT LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 life empowered.

SIGNATURE: *Michel Poitras* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

PD/000027323
50014200

FROM 329C 1655

Board of County Commissioners, Broward County Florida
BROWARD COUNTY OCCUPATIONAL LICENSE TAX

FORM NO. 401-280/AC 25-061

FOR PERIOD OCTOBER 1, 2004 THRU SEPTEMBER 30, 2005

RENEWAL TRANSFER SEC # 32 1329C

NEW DATE BUSINESS OPENED 09/09/02

STATE OR COUNTY CERT/REG # R2625

Business Location Address:
5624 LAGOON DR
FT LAUDERDALE 33312

TAX	33.00
BACK TAX	
PENALTY	
T.C. FEE	
TRANSFER	
TOTAL	33.00

PENALTIES IF PAID	
OCT. - 10%	NOV. - 15%
DEC. - 20%	After DEC. 31 - 25%
* Plus Tax Collection Fee of up to \$25.00 Based on Cost of License if Paid On or After November 30, 2004	

ACCOUNT NUMBER
329C-0002316

POITRAS MICHEL
5624 LAGOON DR
FORT LAUDERDALE FL 33312

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED
TO PUBLIC VIEW AT THE LOCATION ADDRESS ABOVE.

MICHEL POITRAS BROWARD COUNTY SPEC CONTR SVCS DRYWALL FINISH 1 UNIT
FLORIDA

BROWARD COUNTY REVENUE COLLECTOR
115 S. Andrews Avenue, Governmental Center Annex
FORT LAUDERDALE, FL 33301
www.broward.org/revenue

2004 - 2005
PAYMENT RECEIVED AS VALIDATED ABOVE *SEE INSTRUCTIONS ON BACK OF LAST COPY

0000000000 0000003300 00000329C0002316 1001 6

REVENUE COLLECTION DIVISION
BROWARD COUNTY, FLORIDA
1208704.0001 of 0001
Paid 9/26/04
33.00
PAID HND TELL 13A



ATTACHMENT
201000027323
50014200

Broward County Central Examining Boards
955 South Federal Highway
Fort Lauderdale, FL 33315

Registration #: **R2625**

Annual Fee: **\$40.00**

SPECIALTY CONTRACTING EXEMPTION PER ss 489.117(4)(e)

489.117(4)(e)
Any person who is not required to obtain registration or certification pursuant to s. 489.105(3)(d)-(o) may perform specialty contracting services for the construction, remodeling, repair, or improvement of single-family residences, including a townhouse as defined in the Florida Building Code, without obtaining a local professional license if such person is under the supervision of a certified or registered general, building, or residential contractor. As used in this paragraph, supervision shall not be deemed to require the existence of a direct contract between the certified or registered general, building, or residential contractor and the person performing specialty contracting services.

Oper: JENNIE-M/V
Date: 9/23/04
RF: REGISTRATION FEE 1
Trans number: 185246
CC CREDIT C
Type: CC Drawn
Receipt no: 201000027323
\$40.00
455068
\$40.00
Trans date: 9/23/04
Time: 14:53:02

APPLICANT'S NAME: MICHEL POITRAS
ADDRESS: 5624 LAGOON DR.
CITY: FT-LAUDERDALE STATE/ZIP: 33312 PHONE # 954-893-0216
SOCIAL SECURITY #: 766-01-5313 DRIVERS LICENSE # P362-540-55-453-C
DESCRIBE SPECIALTY CONTRACTING SERVICE: DRYWALL

RESTRICTIONS: I understand that I can only contract with a certified or registered, general, building or residential contractor for the construction, remodeling, repair or improvement of single family residences, including a townhouse. I cannot contract with the general public, otherwise I will be subject to multiple unlicensed citations.

NOTICE:
THE ANNUAL REGISTRATION FEE MUST BE PAID PRIOR TO RENEWING YOUR BROWARD COUNTY OCCUPATIONAL LICENSE.

SIGNATURE: [Signature]

DATE: 9/23/04

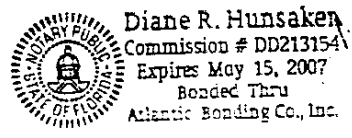
STATE OF FLORIDA,
COUNTY OF BROWARD

Sworn and subscribed to me this
23 day of Sept 2004

Notary Public [Signature]

My Commission Expires: 5/15/07

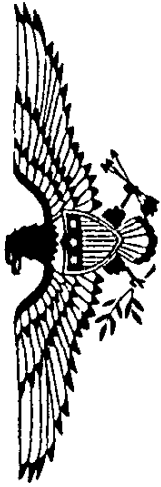
BY: [Signature]



A:\EXPT\EXEMPT.WPD

DL P 362-540-55-453-C

50014200



Organized under the laws of the state of Florida

HPG Enterprises Inc
Corporate Name

This Certifies that Michael Pothas is the holder of
Owner Name

100 Shares of the 100 shares of the total stock
Shares Owned Total # Shares Issued

issued by the above named Corporation.

This evidences 100 % of the total shares of stock issued by the corporation.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by the duly authorized officer this 8 day of February, 2005.

[Signature]
Signature of an officer of the Corporation