

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000030194

Entity Name: MPR INSTITUTE, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

901 CRANDON BLVD  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

901 CRANDON BLVD  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 65-1102457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KORENFELD, ADAM ACCT  
2451 BRICKELL AVE APT 15E  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

KORENFELD, ADAM ACCT  
2451 BRICKELL AVE APT 15E  
APT 1133  
MIAMI, FL 33129 US

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

04/20/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RESTREPO, PATRICIA  
Address: 901 CRANDON BLVD.  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR  
Name: ZULUAGA, PATRICIA  
Address: 901 CRANDON BLVD  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA RESTREPO

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date