


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90008 046 ***150.00

DOCUMENT # P01000069530

1. Entity Name
MRMF, INC.



Principal Place of Business
**2130 N.W. 7TH AVENUE
 MIAMI, FL 33127**

Mailing Address
**2130 N.W. 7TH AVENUE
 MIAMI, FL 33127**

34034600



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1132836	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JORGE, ROSA G
 2130 N.W. 7TH AVENUE
 MIAMI, FL 33127**

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]* (NOTE: Registered Agent signature required when reinstating) DATE 3/8/04

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	JORGE, ROSA G <u>president & director</u>
NAME	
STREET ADDRESS	2130 N.W. 7TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE S	ACOSTA, JOSÉ F <u>Treasurer</u>
NAME	
STREET ADDRESS	2130 N.W. 7TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE T	VERDEJA, MARIO J <u>Secretary & Director</u>
NAME	
STREET ADDRESS	2130 N.W. 7TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	<u>Vicepres. Mario J. Verdeja</u>
NAME	
STREET ADDRESS	2130 N.W. 7TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127
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]* **3/8/04** **305-548-1090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #