

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000071046

1. Entity Name
MR 3500, INC.



Principal Place of Business
201 SOUTH BISCAYNE BOULEVARD
10TH FLOOR
MIAMI, FL 33131

Mailing Address
201 SOUTH BISCAYNE BOULEVARD
10TH FLOOR
MIAMI, FL 33131



07112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1139621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEIL, KENNETH J
201 SOUTH BISCAYNE BOULEVARD
10TH FLOOR
MIAMI, FL 33131

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
RIVEIRA, MANUEL
791 CRANDON BLVD, #305 OCEAN TOWER 11
KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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08/11/05-80006-003 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

Attorney-In-Fact

8/5/05

385-373-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #