

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90110 028 ***150.00

DOCUMENT # P02000022208

1. Entity Name
M PARTNERS REALTY CORP.



Principal Place of Business
**201 ALHAMBRA CIRCLE
SUITE 700
CORAL GABLES, FL 33134**

Mailing Address
**201 ALHAMBRA CIRCLE
SUITE 700
CORAL GABLES, FL 33134**



2. Principal Place of Business - No P.O. Box #

2100 PONCE DE LEON

3. Mailing Address

2100 PONCE DE LEON

Suite, Apt. #, etc.

SUITE 1100

Suite, Apt. #, etc.

SUITE 1100

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

05012008 Chg-P CR2E034 (12/06)

4. FEI Number
02-0626793

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCARDLE & PEREZ
201 ALHAMBRA CIRCLE
SUITE 702
CORAL GABLES, FL US**

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

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, 2008 Fee will be \$550.00**

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

**DP
MASVIDAL, RAUL P
201 ALHAMBRA CIRCLE 700
CORAL GA BLES, FL 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
MASVIDAL, DANIEL R
201 ALHAMBRA CIRCLE 700
CORAL GABLES, FL 33143**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DST
DAGO, RENE
201 ALHAMBRA CIRCLE, SUITE 700
CORAL GABLES, FL 33134**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

DANIEL MASVIDAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08

(305) 448-3500

Daytime Phone #