


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000044666
 1. Entity Name
 NMBP CORP.



Principal Place of Business: 1450 MADRUGA AVENUE SUITE 303 CORAL GABLES, FL 33146
 Mailing Address: 1450 MADRUGA AVENUE SUITE 303 CORAL GABLES, FL 33146

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01062005 No Chg-P CR2E034 (10/03)

4. FEI Number: 72-1525456 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 EBIN, LINDA
 825 BRICKELL DRIVE, SUITE 1648
 MIAMI, FL 33131-2920

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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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COSCULLUELA, EUGENIO JR
STREET ADDRESS	1450 MADRUGA AVENUE
CITY-ST- ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST- ZIP	

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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: Eugenio Cosculluela Jr. 1/6/05 305-662-6840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #