

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90163 032 ***150.00

DOCUMENT # P02000051794

1. Entity Name
M.T. 51. INVESTMENT CORP.



Principal Place of Business
2800 GLADES CIRCLE
SUITE 154
WESTON, FL 33327

Mailing Address
2800 GLADES CIRCLE
SUITE 154
WESTON, FL 33327

60032443



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

3. Mailing Address

2229 Pasadena Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Weston FL

Zip

Country

Zip
33327

Country

USA

04252008 Chg-P CR2E034 (12/06)

4. FEI Number
04-3663454

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, CARMEN M
2800 GLADES CIRCLE
SUITE 154
WESTON, FL 33327

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

Carmen Hernandez

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/08

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 D ☐ Delete
NAME HERNANDEZ, CARMEN M
STREET ADDRESS 2800 GLADES CIRCLE, SUITE 154
CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carmen Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08

Date

954-624255

Daytime Phone #