


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90136 028 \*\*\*158.75

<b>DOCUMENT # P02000054794</b> 1. Entity Name <b>M CAPITAL HOLDINGS, INC.</b>					
Principal Place of Business <del>3900 NORTH, N.E. 22ND AVENUE</del> <del>LIGHTHOUSE POINT, FL 33064</del>			Mailing Address <del>3900 NORTH, N.E. 22ND AVENUE</del> <del>LIGHTHOUSE POINT, FL 33064</del>		
2. Principal Place of Business <b>2741 E ORCHARD GROVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>2741 E ORCHARD GROVE</b> Suite, Apt. #, etc.		
City & State <b>DAVIE, FLORIDA</b>		City & State <b>DAVIE, FLORIDA</b>		4. FEI Number <b>03-0444324</b>	
Zip <b>33328</b> Country <b>USA</b>		Zip <b>33328</b> Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LIVOTI, ANTHONY J ESQ.</b> <b>721 N.E. 3RD AVENUE #2</b> <b>FORT LAUDERDALE, FL 33304</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDELSON, JON <input type="checkbox"/> Delete <b>3900 NORTH, N.E. 22ND AVENUE</b> <del>LIGHTHOUSE POINT, FL 33064</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2741 E ORCHARD CIRCLE</b> <b>DAVIE, FLORIDA 33328</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jon Mendelson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/29/04</u> Daytime Phone # <u>904.567.3808</u>		

14021123



04262004 Chg-P CR2E034 (10/03)