


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000087689					
1. Entity Name M. P. S. OF MIAMI, INC.					
Principal Place of Business 5350 NW 182 ST. MIAMI FL 33055			Mailing Address 5350 NW 182 ST. MIAMI FL 33055		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3865236	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MASSANET, MAYKEL 5350 N.W. 182 STREET MIAMI FL 33055				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	MASSANET, JOAQUIN		NAME		
STREET ADDRESS	7561 WEST 29 WAY		STREET ADDRESS		
CITY - ST - ZIP	HIALEAH FL 33018		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	MASSANET, MAGDIEL		NAME		
STREET ADDRESS	5765 WEST 20 AVENUE #409		STREET ADDRESS		
CITY - ST - ZIP	HIALEAH FL 33012		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	MASSANET, MAIKEL		NAME		
STREET ADDRESS	5350 N.W. 182 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33055		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E034 (10/04)

4. FEI Number **22-3865236** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MASSANET, JOAQUIN
STREET ADDRESS 7561 WEST 29 WAY
CITY - ST - ZIP HIALEAH FL 33018

TITLE VD ☐ Delete
NAME MASSANET, MAGDIEL
STREET ADDRESS 5765 WEST 20 AVENUE #409
CITY - ST - ZIP HIALEAH FL 33012

TITLE SD ☐ Delete
NAME MASSANET, MAIKEL
STREET ADDRESS 5350 N.W. 182 STREET
CITY - ST - ZIP MIAMI FL 33055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(1), 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: Joaquin Massanet 1/31/05 (305) 6270199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #