


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90032 045 \*\*\*150.00

<b>DOCUMENT # P02000129996</b>	
<b>1. Entity Name</b> MABEL RENTAL PROPERTIES, INC.	

<b>Principal Place of Business</b> 4043 NW 16TH STREET APT. B-108 LAUDERHILL FL 33313	<b>Mailing Address</b> 4043 NW 16TH STREET APARTMENT B-108 LAUDERHILL FL 33313
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<b>2. Principal Place of Business</b> 4043 NW 16TH ST Suite, Apt. #, etc. B-108	<b>3. Mailing Address</b> 4043 NW 16TH ST Suite, Apt. #, etc. APT. B-108
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<b>City &amp; State</b> Lauderhill FL	<b>City &amp; State</b> Lauderhill FL
<b>Zip</b> 33313	<b>Zip</b> 33313
<b>Country</b> USA	<b>Country</b> USA

<b>6. Name and Address of Current Registered Agent</b> MOCBO, P.A.; CHUCK 2800 W. OAKLAND PARK BLVD. SUITE 209 OAKLAND PARK FL 33311	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> MORGAN, MABEL H 4043 NW 16TH STREET APT. B-108 LAUDERHILL FL 33313 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> CHRISTOPHER HAMILTON 4043 NW 16TH STREET APT. B-108 LAUDERHILL FLORIDA 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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:** MABEL MORGAN **DATE:** 3/22/04 **Daytime Phone #** 954 270 5256