

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90017 034 ***150.00

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DOCUMENT # P03000005945 1. Entity Name M.S.P.M., INC.					
Principal Place of Business 1401 NE MIAMI GARDENS DRIVE 895 N MIAMI BEACH, FL 33179			Mailing Address 1401 NE MIAMI GARDENS DRIVE 895 N MIAMI BEACH, FL 33179		
2. Principal Place of Business 1050 Penbreak RD Suite, Apt. #, etc.		3. Mailing Address 1200 NE MIAMI GARDENS DR Suite, Apt. #, etc. # 705			
City & State HALLANDALE FL		City & State N. MIAMI BEACH FL		4. FEI Number 35-2198381	
Zip 33009		Zip 33179		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALKA, SHIMON 1401 NE MIAMI GARDENS DRIVE 895 N MIAMI BEACH, FL 33179					
7. Name and Address of New Registered Agent Name MALKA, SHIMON Street Address (P.O. Box Number is Not Acceptable) 1200 NE MIAMI GARDENS DR City N. MIAMI BEACH FL Zip Code 33179					
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>					
FILE NOW!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALKA, SHIMON 1401 NE MIAMI GARDENS DRIVE SUITE 895 N. MIAMI BEACH, FL 33179		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALKA, SHIMON 1200 NE MIAMI GARDENS DR N. MIAMI BEACH, FL 33179	
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	
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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)(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 lines empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5/24/04 Date _____ Daytime Phone # _____					