


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90255 001 ***150.00

DOCUMENT # P03000027923 1. Entity Name MPFC, INC.																					
Principal Place of Business 11221 NW 7TH STREET #9 MIAMI, FL 33172			Mailing Address 11221 NW 7TH STREET #9 MIAMI, FL 33172																		
2. Principal Place of Business 6720 NW 114 Avenue Suite, Apt. #, etc. APT 822 City & State Miami FL Zip 33178			3. Mailing Address 6720 NW 114 Avenue Suite, Apt. #, etc. APT 822 City & State Miami FL Zip 33178																		
4. FEI Number 02-0680237			Applied For <input type="checkbox"/> Not Applicable																		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																		
6. Name and Address of Current Registered Agent MAITIAS, MARCIO R 11221 NW 7TH STREET #9 MIAMI, FL 33172 <i>6720 NW 114 Ave. #822</i> <i>Miami FL 33178</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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: <i>X. Marcio R. Matias</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">PSD <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MATIAS, MARCIO R</td> </tr> <tr> <td>STREET ADDRESS</td> <td>11221 NW 7TH ST. #9 <i>6720 NW 114 Ave. #822</i></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33172 <i>Miami FL 33178</i></td> </tr> </table>			TITLE	PSD <input type="checkbox"/> Delete	NAME	MATIAS, MARCIO R	STREET ADDRESS	11221 NW 7TH ST. #9 <i>6720 NW 114 Ave. #822</i>	CITY - ST - ZIP	MIAMI, FL 33172 <i>Miami FL 33178</i>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY - ST - ZIP	
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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 like empowered.																					
SIGNATURE: <i>X. Marcio R. Matias</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					
<small>Date Daytime Phone #</small>																					

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