

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90006 040 ***150.00

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1. Entity Name
MNC STRIBBONS, INC.



Principal Place of Business

**1545 NW 165 ST
MIAMI, FL 33169**

Mailing Address

**1545 NW 165 ST
MIAMI, FL 33169**

40031301



DO NOT WRITE IN THIS SPACE

02262007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3770050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SALTSMAN, ROBERT P
222 S. PENNSYLVANIA AVENUE
SUITE 200
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VAUGHN, CHARLES G
STREET ADDRESS	28 SENECA STREET
CITY-ST-ZIP	DOBBS FERRY, NY 10522
TITLE	D
NAME	FRIEDMAN, MICHAEL
STREET ADDRESS	2939 BAYVIEW AVENUE
CITY-ST-ZIP	WANTAGH, NY 11793
TITLE	D
NAME	SALTSMAN, ROBERT
STREET ADDRESS	222 S. PENNSYLVANIA AVENUE STE200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2007

Date

Daytime Phone #