2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR

Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # P03000030792** 1. Entity Name 04-29-2004 90315 017 ***158.75 MBKI, INC. Principal Place of Business Mailing Address 7327 WESCOTT TERRACE P.O. BOX 740821 14010604 LAKE WORTH FL 33467 BOYNTON BEACH FL 33471--082 2. Principal Place of Business 9896 Woodu Sorth CF 3. Mailing Address P.O. BOX MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent URBINA, REBEKAH L Street Address (P.O. Box Number is Not Acceptable) 7327 WESCOTT TERRACE LAKE WORTH FL:33467 Woodworth G 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 the obligations of registered agent FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete 9896 Woodworth Ct. URBINA, REBEKAH L NAME NAME Wellington, FL 334/4 9896 Woodworth Ct. 1 Wellington, FL 334/4 STREET ADDRESS 7327 WESCOTT TERRACE STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Delete TITLE TITLE ■ Addition NAME URBINA, RAFAEL M NAME STREET ADDRESS 7327 WESCOTT TERRACE STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE Change_ _ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition THIF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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, hityall other like empowered.

FILED