


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90071 026 ***158.75

DOCUMENT # P03000034207	
1. Entity Name MBR DESIGN GROUP INC.	

Principal Place of Business 9195 COLLINS AVENUE SUITE NO. 911 SURFSIDE, FL 33154	Mailing Address 9195 COLLINS AVENUE SUITE NO. 911 SURFSIDE, FL 33154
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54071375



2. Principal Place of Business 4000 NE 170th. STREET	3. Mailing Address 4000 NE 170th. STREET
Suite, Apt. #, etc. APT No. 404	Suite, Apt. #, etc. APT. No. 404
City & State N. MIAMI BEACH, FL	City & State N. MIAMI BEACH, FL
Zip 33160	Country DXXX

08302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1052417	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENA, FABIOLA 9195 COLLINS AVENUE SUITE NO. 911 SURFSIDE, FL 33154	
7. Name and Address of New Registered Agent Name MENA, FABIOLA Street Address (P.O. Box Number is Not Acceptable) 4000 NE 170th. Street. Apt. 404 City North Miami Beach FL Zip Code 33160	

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FABIOLA MENA 4000 NE 170th. STREET. APT 404 NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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: FABIOLA MENA 08.30.04 (305)948.8801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #