

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90022 021 ***150.00

DOCUMENT # P03000087726	
1. Entity Name MP PROPERTY MANAGEMENT, INC.	

Principal Place of Business 3575 W. 72ND ST. HIALEAH FL 33018	Mailing Address 3575 W. 72ND ST. HIALEAH FL 33018
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2. Principal Place of Business - No P.O. Box # 8390 NW 53 St	3. Mailing Address PO Box 228055
Suite, Apt. #, etc. 313	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

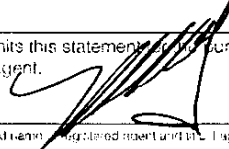
City & State Doral, FL	City & State Miami FL
Zip 33166	Zip 33222
Country USA	Country USA

4. FEI Number 83-0368895	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent -PALACIOS, MYRIAM 3575 W. 72ND ST. HIALEAH FL 33018

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 	DATE 1/28/08
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME PALACIOS, FRANCISCO R		NAME	
STREET ADDRESS 18450 NW 95TH ST		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33029		CITY-ST-ZIP	
TITLE P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME PALACIOS, MYRIAM		NAME	
STREET ADDRESS 18450 NW 9TH STREET		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33029		CITY-ST-ZIP	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME LAGUNA, PEDRO		NAME	
STREET ADDRESS 18450 NW 9TH STREET		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33029		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied for this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Display Page #