

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000153561**

1. Entity Name  
**MRL INVESTMENTS, INC.**



Principal Place of Business  
**12201 NORTHWEST 5TH STREET  
PLANTATION, FL 33325-1730**

Mailing Address  
**12201 NORTHWEST 5TH STREET  
PLANTATION, FL 33325-1730**



04122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>80-0091147</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ACORD, LINDA L  
12201 NORTHWEST 5TH STREET  
PLANTATION, FL 33325-1730**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000944170  
05/29/08-80089-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	POLLIO, MICHAEL J
STREET ADDRESS	3100 NORTHEAST 49TH STREET, STE 901
CITY-ST-ZIP	FORT LAUDERDALE, FL 333084933
TITLE	ST
NAME	ACORD, LINDA L
STREET ADDRESS	12201 NORTHWEST 5TH ST.
CITY-ST-ZIP	PLANTATION, FL 333251730
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: Linda L. Acord Linda L. Acord 5/28/08 954-472-1099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #