

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-28-2005 90207 028 ***150.00

DOCUMENT # P04000008545					
1. Entity Name M. B. SERVICES OF SOUTH FLORIDA, INC.					
Principal Place of Business 20 NW 126TH STREET MIAMI, FL 33168			Mailing Address 20 NW 126TH STREET MIAMI, FL 33168		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02142005 Chg-P CR2E034 (10/03)	
4. FEI Number 700630146				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAQUENDANO, MARIO E 20 NW 126TH STREET MIAMI, FL 33168				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: <i>[Signature]</i> Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when remitting)				DATE: 02/14/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BAQUENDANO, MARIO E		NAME		
STREET ADDRESS	20 NW 126TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BAQUENDANO, EINARD R		NAME		
STREET ADDRESS	20 NW 126TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BAQUENDANO, MARIO R		NAME		
STREET ADDRESS	20 NW 126TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		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 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: <i>[Signature]</i>				EINARD R. BAQUENDANO Feb 14, 2005 786-226-0052	