2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P04000029754 1. Entity Name MPI/POLO I & II, INC. Principal Place of Business Mailing Address 200 CONGRESS PARK DR SUITE 103 200 CONGRESS PARK DR SUITE 103 STF 205 STE 205 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0735200 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AUERBACHER, STEVEN M DO NOT WRITE 200 CONGRESS PARK DR SUITE 103 DELRAY BEACH, FL 33445 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 obligat	of registered agent.		
SIGNATURE_			
	Signature, typed or printed name of registered agent and little 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

10

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE NAME STREET ADDRESS CITY-ST-21P	P MANDOR, ROBERT 200 CONGRESS PK DR, # 205 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OTTO, JOSEPH 200 CONGRESS PK DR, # 205 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS C(FY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
FITLE	

OFFICERS AND DIRECTORS

0000000925573 05/20/08-80032-012 150.00

Applied For

Not Applicable

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 number of the 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:

STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #