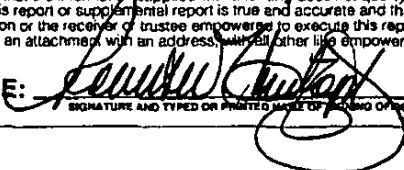


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 06, 2005 8:00 am
Secretary of State

05-03-2005 90170 043 ***150.00

DOCUMENT # P04000044098			
1. Entity Name MBE DEVELOPERS II, INC.			
Principal Place of Business 300 ALTON RD STE 303 MIAMI BEACH, FL 33139		Mailing Address 300 ALTON RD STE 303 MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHRISTOPH, ROBERT W 300 ALTON RD STE 303 MIAMI BEACH, FL 33139		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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTOPH, ROBERT W 300 ALTON RD STE 303 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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, or in all other lists empowered.			
SIGNATURE: 		4/28/05 305-672-5588	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		Date Daytime Phone #	

66021516



04282005 Chg-P CR2E034 (10/03)

4. FEI Number 81-0620855 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required