2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 02, 2005 8:00 am Secretary of State

DOCUMENT # P04000081526 1. Entity Name MCF MANAGEMENT, INC.							06-02-2005	9000 3 ()40 ***15	0.00
Principal Place	e of Busines	s	Mailing Address							
237 NE 160 STREET NORTH MIAMI BEACH, FL 33162 237 NE 160 STREET NORTH MIAMI BEACH, FL 33162										
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E	034 (10/03)	
City & State			City & State			4. FEI Number	11511	13		plied For t Applicable
Zíp	Zip Country		Zip	Cou	ntry	5. Certificate of			\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New R	egistered	Agent	
CLEOPHAT, MAGDALINE					Name		•			
237 NE 160 STREET NORTH MIAMI BEACH, FL 33162					Street Address (P.O. Box Number is Not Acceptable)					
	1.000-15			City			FL	Zip Code)	
8. The above the obligat	named entitions of regis	y submits this statement fi tered agent.	or the purpose of changi	ng its register	red office or registe	red agent, or both.	in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE_	Signature, typed	for printed name of registered agen	and title if applicable.	(NOTE: Register	ed Agent signature require	d when reinstating)		DATE		
FILI After Ma	FEE IS \$150.00 5 Fee will be \$550.	9. Election Contract Fund	ampaign Fina Contribution		.00 May Be ded to Fees					
10.	····	OFFICERS AND		11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
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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:

E AND TYPED OR PRINTED NAME OF SKRING OFFICER OF DIRECTOR

Daytune Phone #