

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106160

FILED
Apr 08, 2009
Secretary of State

Entity Name: M.P. UNDERGROUND TECHNOLOGY CORP

Current Principal Place of Business:

5931 NW 192 STREET
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

5931 NW 192 STREET
HIALEAH, FL 33015

New Mailing Address:

FEI Number: 20-1398538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILIAN, MARIA
5931 NW 192 STREET
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILIAN, MARIA
Address: 5931 NW 192 STREET
City-St-Zip: HIALEAH, FL 33015

Title: VP () Delete
Name: MILIAN, PEDRO
Address: 5931 NW 192 STREET
City-St-Zip: HIALEAH, FL 33015

Title: VP (X) Delete
Name: PADILLA, HECTOR D
Address: 1500 NORTH 73 TERRACE
City-St-Zip: HOLLYWOOD, FL 33024

Title: S (X) Delete
Name: PADILLA, EVELYN
Address: 1500 NORTH 73 TERRACE
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PADILLA, EVELYN
Address: 1500 N 73RD TERR
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MILIAN

P

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date