

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90140 009 \*\*\*550.00

**DOCUMENT # P04000122805**

1. Entity Name  
**M K PRATT ENTERPRISES, INC.**



Principal Place of Business  
**14040 BISCAYNE BOULEVARD #609  
MIAMI, FL 33181**

Mailing Address  
**14040 BISCAYNE BOULEVARD #609  
MIAMI, FL 33181**

**50065292**



2. Principal Place of Business  
**100 SW 117<sup>TH</sup> TERRACE  
Suite, Apt. #, etc.  
#102**

3. Mailing Address  
Suite, Apt. #, etc.

06062005 Chg-P CR2E034 (10/03)

City & State  
**PEMBROKE PINES, FL**

City & State

4. FEI Number  
**84-1655098**

Applied For  
Not Applicable

Zip  
**33025**

Country  
**USA**

Zip

Country

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

**PRATT, MARK ANTHONY  
14040 BISCAYNE BOULEVARD #609  
MIAMI, FL 33181**

Name  
**PRATT, MARK ANTHONY**

Street Address (P.O. Box Number is Not Acceptable)  
**100 SW 117<sup>TH</sup> TERRACE**

#102

City  
**PEMBROKE PINES**

FL

Zip Code  
**33025**

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 **MARK ANTHONY PRATT (DIRECTOR)** **9/2/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PRATT, MARK ANTHONY  
14040 BISCAYNE BOULEVARD #609  
MIAMI, FL 33181** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SPENCE, KIMBERLY ANN  
14040 BISCAYNE BOULEVARD #609  
MIAMI, FL 33181** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PRATT, MARK ANTHONY  
100 SW 117<sup>TH</sup> TERR #102  
PEMBROKE PINES, FL 33025** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SPENCE, KIMBERLY ANN  
100 SW 117<sup>TH</sup> TERR #102  
PEMBROKE PINES, FL 33025** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: **MARK ANTHONY PRATT (D)** **9/2/05** **786-319-1535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #