## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P04000126602

1. Entity Name

M. R. FOREST TECHNOLOGIES, INC.



**FILED** Apr 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

11511 SW 127TH ST MIAMI, FL 33176

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01102008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-1606197 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

HAINES, HAROLD G 11511 SW 127TH ST MIAMI, FL 33176

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	named entity submits this statement for the plicons of registered agent.	ourpose of changing its regis	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	-	applicable (NOTE: Reg	istered Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribute		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAINES, HAROLD G 11511 SW 127TH ST MIAMI, FL 33176				
TITLE NAME STREET ADDRESS	CEO HAINES, HAROLD G 11511 SW 127TH ST			•	U00000918955

05/13/08-80102-023 150.00

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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 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:

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME STREET ADDRESS

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

MIAMI, FL 33176

HAINES, PATRICIA S

11511 SW 127TH ST

MIAMI, FL 33176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

מע

Daytime Phone #