

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90098 024 ***150.00

| | | | |
|---|---|--|---|
| DOCUMENT # P04000134875 1. Entity Name MAB'S MACHINE REPAIR INC. | | | |
| Principal Place of Business 4501 NE 21 AVENUE 414 FT. LAUDERDALE, FL 33308 US | | Mailing Address 4501 NE 21 AVENUE 414 FT. LAUDERDALE, FL 33308 US | |
| 2. Principal Place of Business 5681 N.E. 7 Terrace Suite, Apt. #, etc. | | 3. Mailing Address 5681 N.E. 7 Terrace Suite, Apt. #, etc. | |
| City & State FT. LAUDERDALE, FL. Zip 33334 Country U.S. | | City & State FT. LAUDERDALE, FL. Zip 33334 Country US | |
| 4. FEI Number 20-1679512 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARRETT, MARK 4501 NE 21 AVENUE 414 FT. LAUDERDALE, FL 33308 | | 7. Name and Address of New Registered Agent 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 reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P BARRETT, MARK 4501 NE 21 AVENUE #414 FT. LAUDERDALE, FL 33308 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <i>Mark A Barrett</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 5/1/5 (954) 815-3409 Date Daytime Phone # | |

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