

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90236 046 \*\*\*150.00

**DOCUMENT # P04000143468**

1. Entity Name  
**MR. ASSOCIATED GROUP 2, INC.**



Principal Place of Business  
**21218 ST. ANDREWS BLVD., #527  
BOCA RATON, FL 33433**

Mailing Address  
**21218 ST. ANDREWS BLVD., #527  
BOCA RATON, FL 33433**

**14008605**



2. Principal Place of Business  
**19515 PRESIDENTIAL WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**19515 PRESIDENTIAL WAY**  
Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State  
**N. MIAMI BEACH FL**  
Zip  
**33179** Country

City & State  
**N. MIAMI BEACH FL**  
Zip  
**33179** Country

4. FEI Number  
**58-2684335** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**GRINBERG, ROBERT  
19515 PRESIDENTIAL WAY N.  
MIAMI BCH, FL 33179**

## 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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PD GRINBERG, ROBERT</b>
STREET ADDRESS	<b>19515 PRESIDENTIAL WAY</b>
CITY - ST - ZIP	<b>N. MIAMI BEACH, FL 33179</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VPD PARNAS, LEV</b>
STREET ADDRESS	<b>5336 BOCA MARINA CIRCLE</b>
CITY - ST - ZIP	<b>BOCA RATON, FL 33487</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: **Robert Grinberg** President

**4/26/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #