

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90233 050 ***150.00

DOCUMENT # P05000034782 1. Entity Name M.R. 2607 CORPORATION			
Principal Place of Business 18660 COLLINS AVE. SUNNY ISLES BEACH, FL 33160		Mailing Address 1101 BRICKELL AVE. SUITE 1700 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2655 LeJeune Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 508	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip 33134	Country USA
6. Name and Address of Current Registered Agent PENALVER, AURORA ESQ. 1101 BRICKELL AVE. SUITE 1700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Aurora Penolver, Esq. Street Address (P.O. Box Number is Not Acceptable) 2655 LeJeune Rd. Suite 508 City Coral Gables FL Zip Code 33134	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/7/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PD ESCUDERO, JULIO 18660 COLLINS AVE. SUNNY ISLES BEACH, FL 32160	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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied in 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 reports 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 a process, with all other like empowered.			
SIGNATURE: 		DATE: 4/7/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	