


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90039 010 ***150.00

DOCUMENT # P05000034787

1. Entity Name
M.R. 2308 CORPORATION



Principal Place of Business
**75 VALENCIA AVENUE
 SECOND FLOOR
 CORAL GABLES, FL 33134**

Mailing Address
**75 VALENCIA AVENUE
 SECOND FLOOR
 CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #
18660 Collins Ave

3. Mailing Address
1101 Brickell Ave

Suite, Apt. #, etc.
SUITE 1700

City & State
SUNNY ISLES BCH, FL

City & State
MIAMI, FL


Zip
33140

Country
USA

Zip
33131

Country
USA

20001001



03132007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2491802

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JORGE E. OTERO & ASSOCIATES, P.A.
 75 VALENCIA AVENUE
 SUITE 200
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

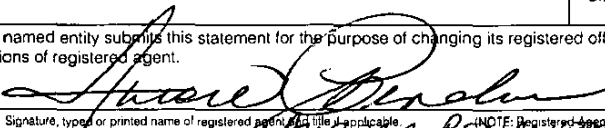
Name
AURORA PENALVER, ESQ

Street Address (P.O. Box Number is Not Acceptable)
1101 Brickell Ave #1700

City
MIAMI

FL Zip Code
33131

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  **AURORA PENALVER** DATE **3/13/07**

Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

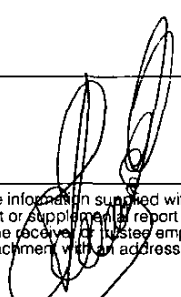
10. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> Delete
NAME OTERO, JORGE E ESQ.	
STREET ADDRESS 75 VALENCIA AVENUE SECOND FLOOR	
CITY-ST-ZIP CORAL GABLES, FL 33134	
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 Director/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Julio Escudero	
STREET ADDRESS 18660 Collins Ave	
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33140	
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 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:  **Julio Escudero** DATE **3/13/07** DAYTIME PHONE # **(305) 579-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR