

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2007 90039 012 \*\*\*150.00

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03132007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P05000034798</b> 1. Entity Name <b>M.R. 908 CORPORATION</b>																																	
Principal Place of Business <b>75 VALENCIA AVENUE SECOND FLOOR CORAL GABLES, FL 33134</b>			Mailing Address <b>75 VALENCIA AVENUE SECOND FLOOR CORAL GABLES, FL 33134</b>																														
2. Principal Place of Business - No P.O. Box # <b>18660 Collins Ave</b>		3. Mailing Address <b>1101 Brickell Ave</b>																															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Suite 1700</b>																															
City & State <b>Sunny Isles Bch, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>20-2491779</b>																													
Zip <b>33140</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
Zip <b>33131</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable																													
6. Name and Address of Current Registered Agent  <b>JORGE E. OTERO &amp; ASSOCIATES, P.A. 75 VALENCIA AVENUE SUITE 200 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name <b>Aurora Penalver</b> Street Address (P.O. Box Number is Not Acceptable) <b>1101 Brickell Ave # 1700</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>																														
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 <b>AURORA PENALVER</b> <b>3/13/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>D OTERO, JORGE E ESQ. 75 VALENCIA AVENUE SECOND FLOOR CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D OTERO, JORGE E ESQ. 75 VALENCIA AVENUE SECOND FLOOR CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>Director/President Julio Escudero 18660 Collins Ave Sunny Isles Beach, FL 33140</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director/President Julio Escudero 18660 Collins Ave Sunny Isles Beach, FL 33140</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition												
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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: <b>JULIO ESCUDERO</b> <b>3/13/07</b> <b>(305) 579-9000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	