


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2007 90038 050 ***150.00

DOCUMENT # P05000034912					
1. Entity Name M.R. 2408 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 Suite, Apt. #, etc.		3. Mailing Address 1101 BRICKELL AVE SUITE 1700 Suite, Apt. #, etc.			
City & State SUNNY ISLES BCH, FL		City & State MIAMI, FL		4. FEI Number 20-2491726	
Zip 33160		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33131		Country USA		03132007 Chg-P CR2E034 (12/06)	
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 PENALVA, 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: <i>Aurora Penalva</i> AURORA PENALVA 3/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D OTERO, JORGE E ESQ. 75 VALENCIA AVENUE SECOND FLOOR CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Julio Escudero 18640 COLLINS AVE SUNNY ISLES BCH, FL 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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: <i>Julio Escudero</i>		Date: 3/13/07		Daytime Phone #: 305-579-9000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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