
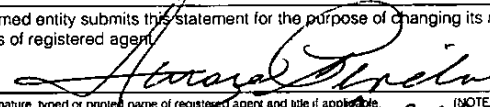
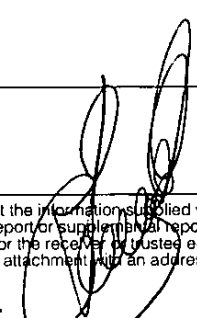


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2007 90039 009 ***150.00

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P05000034930 1. Entity Name M.R. 2301 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, Apt. #, etc. Suite 1700 | | | |
| City & State Sunny Isles Bch, FL | | City & State Miami, FL | | 4. FEI Number 20-2493541 | |
| Zip 33160 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33131 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 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  DATE 3/13/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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 18660 Collins Ave Sunny Isles Beach, FL 33160 | <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:  | | | Julio Carlos Escudero Montoro | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 3/13/07 Daytime Phone # 305-579-9000 | | |