

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2008 90228 013 ***150.00

DOCUMENT # P05000034939 1. Entity Name M.R. 802 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 Lefevre Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 508			
City & State		City & State Coral Gables, FL			
Zip	Country	Zip 33134	Country USA	4. FEI Number 20-2493572	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENALVER, AURORA 1101 BRICKELL AVE SUITE 1702 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Aurora Penálver Street Address (P.O. Box Number Not Acceptable) 2655 Lefevre 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 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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 ESCUDERS, JULIO 18660 COLLINS AVE SUNNY ISLES BEACH, FL 33160		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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			<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 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: 			DATE 4/7/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		