


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000061791
 1. Entity Name
 M.A.B. FINANCIAL SERVICES, INC.



Principal Place of Business
 5201 BLUE LAGOON DR., STE. 861
 MIAMI, FL 33138

Mailing Address
 IVAN A. GOMEZ, P.A.
 601 BRICKELL KEY DR., STE. 507
 MIAMI, FL 33131



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-2893959 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 IAG CORPORATE SERVICES, INC.
 601 BRICKELL KEY DR., STE. 507
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____
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, 2008 Fee will be \$550.00

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

U00000837330
 03-04-08-58851-021-150-75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, MICHAEL A. 5201 BLUE LAGOON DR., STE. 861 MIAMI, FL 33138
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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:  Michael A. Blanco, President Date: _____ Daytime Phone #: (305) 371-9213

SIGNATURE IS EITHER TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR