



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90022 007 \*\*\*150.00

<b>DOCUMENT # P05000071753</b>					
<b>1. Entity Name</b> MFAB INC.					
<b>Principal Place of Business</b> 2001 SOUTH SURF ROAD SUITE 1E HOLLYWOOD, FL 33019-2501 US			<b>Mailing Address</b> C/O GRUBER AND ASSOCIATES, P.A. 6550 NORTH FEDERAL HIGHWAY, SUITE 522 FORT LAUDERDALE, FL 33308-1417 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1830 SWEETBAY WAY Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1830 Sweetbay Way Suite, Apt. #, etc.			
<b>City &amp; State</b> Hollywood, FL Zip 33019 Country USA		<b>City &amp; State</b> Hollywood, FL Zip 33019 Country USA		<b>4. FEI Number</b> 81-0674050 Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03262008 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> DARDASHTI, ERICA B 2001 SOUTH SURF ROAD SUITE 1E HOLLYWOOD, FL 33019-2501			<b>7. Name and Address of New Registered Agent</b> Name <u>DARDASHTI, ERICA B</u> Street Address (P.O. Box Number is Not Acceptable) <u>1830 Sweetbay Way</u> City <u>Hollywood</u> FL Zip Code <u>33180</u>		
<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.</b> SIGNATURE <u>Erica Dardashti</u> DATE <u>3/28/8</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WORTHALTER, MOISES 19555 EAST COUNTRY CLUB DRIVE, #101 AVENTURA, FL 331802597	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DARDASHTI, ERICA B 1830 SWEETBAY WAY HOLLYWOOD, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DARDASHTI, ERICA B 2001 SOUTH SURF ROAD, #1E HOLLYWOOD, FL 330192501	<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"/> 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"/> 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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

Moises Worthalter Moises Worthalter 3/31/8 954 336 7747