

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100166

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: TONY MB PROPERTIES, INC.

## Current Principal Place of Business:

7880 N UNIVERSITY DRIVE  
SUITE 201  
TAMARAC, FL 33321

## New Principal Place of Business:

## Current Mailing Address:

7880 N UNIVERSITY DRIVE  
SUITE 201  
TAMARAC, FL 33321

## New Mailing Address:

FEI Number: 20-3184690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROSEN, JEROME L  
7880 N UNIVERSITY DRIVE  
201  
TAMARAC, FL 33321 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPS ( ) Delete  
Name: BOLES, TONY  
Address: 5215 SHADY GROVE RD  
City-St-Zip: CUMMING, GA 30041

Title: PT ( ) Delete  
Name: BOLES-SMITH, PAM  
Address: 5100 WILLSWOODS CIRCLE  
City-St-Zip: CUMMING, GA 30040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY BOLES

VPS

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date