


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90473 033 ***150.00

DOCUMENT # P05000120361	
1. Entity Name I - MBF, INC.	

Principal Place of Business 8605 NW 35TH COURT STE G-1 CORAL SPRINGS, FL 33065	Mailing Address 8605 NW 35TH COURT STE G-1 CORAL SPRINGS, FL 33065
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
State	City & State
Country	Zip
Country	Country

03052006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3408002	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent FERRIS, MICHAEL 8605 NW 35TH COURT STE G-1 CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 checked="" 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 checked="" 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.

SIGNATURE: Michael Brynn Ferris 4/27/06 954-317-895

3:23 PM
04/26/06
Accrual Basis

ATTACHMENT
i-MBF
Profit & Loss
January through December 2005

60032718
P05 000120361

	Jan - Dec 05
Ordinary Income/Expense	
Income	
Appraisal Income	4,670.00
Total Income	4,670.00
Gross Profit	4,670.00
Expense	
Amortization Expense	37.56
Bank Service Charges	61.58
Business License & Fees	1,315.98
Contractor Fees	
Appraisal Fees	4,560.00
Total Contractor Fees	4,560.00
Depreciation Expense	138.13
Insurance	590.00
Loans from Officers	
Loans from AMF	0.00
Loans from MBF	0.00
Total Loans from Officers	0.00
Miscellaneous	37.00
Office Equipment	808.00
Office Supplies	415.32
Postage and Delivery	7.40
Telephone and Fax	560.95
Travel & Entertainment	
Travel	30.00
Total Travel & Entertainment	30.00
Total Expense	8,561.92
Net Ordinary Income	-3,891.92
Net Income	-3,891.92