

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000135385

Entity Name: MFA ENTERPRISES, INC.

FILED
May 30, 2008
Secretary of State

Current Principal Place of Business:

16275 SW 88 STREET
174
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

16275 SW 88 STREET
174
MIAMI, FL 33196 US

New Mailing Address:

FEI Number: 20-3615250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMICHIELIS, ANIBAL
16275 SW 88 STREET
#174
MIAMI, FL 33196 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEMICHIELIS, ANIBAL
Address: 16275 SW 88 STREET #174
City-St-Zip: MIAMI, FL 33196 US

Title: VP () Delete
Name: DEMICHIELIS, MARIA F
Address: 16275 SW 88 STREET #174
City-St-Zip: MIAMI, FL 33196 US

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: ANIBAL DEMICHIELIS

P

05/30/2008

Electronic Signature of Signing Officer or Director

Date