

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90014 040 \*\*\*150.00

<b>DOCUMENT # P06000027706</b>					
<b>1. Entity Name</b> MAB HOLDINGS, INC.					
<b>Principal Place of Business</b> 8660 W. FLAGLER ST., #200 MIAMI, FL 33144			<b>Mailing Address</b> 8660 W. FLAGLER ST., #200 MIAMI, FL 33144		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-4369169	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LEITMAN, LORN 8660 W. FLAGLER ST., #200 MIAMI, FL 33144			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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	PD MORALES, GUSTAVO 7105 SW 112 PLACE MIAMI, FL 33173 <input type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Baidal, Maria A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9055 SW 73 Ct Apt 401 Miami FL 331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAIDAL, MARIA 7105 SW 112 PLACE MIAMI, FL 33173 <input type="checkbox"/> Delete		TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Verduga, Fabiola <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2400 SW 27th Ave Apt 801 Miami FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLAZA, AIDA DEL PILAR <input checked="" type="checkbox"/> Delete 7105 SW 112 PLACE MIAMI, FL 33173		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	
<b>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.</b>					
<b>SIGNATURE:</b> MARIA A. Baidal (PD) 04/16/07 3058073413					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					