2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000110362

Entity Name: MP 1008 CORP.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2600 DOUGLAS RD SUITE 1100 2665 SOUTH BAYSHORE DRIVE CORAL GABLES, FL 33134

SUITE 906

COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

2600 DOUGLAS RD SUITE 1100 2665 SOUTH BAYSHORE DRIVE CORAL GABLES, FL 33134

SUITE 906

COCONUT GROVE, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 20-5428570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

GURIAN, JORGE GURIAN, JORGE 2600 DOUGLAS RD SUITE 1100 2665 SOUTH BAYSHORE DRIVE

CORAL GABLES, FL 33134 STE 906 COCONUT GROVE, FL 33133 US

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: JORGE GURIAN 04/20/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: Name: BLUM, SIMON Name: BLUM, SIMON

2600 DOUGLAS RD SUITE 1100 2665 SOUTH BAYSHORE DRIVE STE 906 Address: Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: COCONUT GROVE, FL 33133 US

Title: DS Title: DS () Delete (X) Change () Addition

BLUM, MICAELA Name: BLUM, MICAELA Name:

2600 DOUGLAS RD SUITE 1100 2665 SOUTH BAYSHORE DRIVE STE 906 Address: Address: CORAL GABLES, FL 33134 COCONUT GROVE, FL 33133 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: DS () Delete DS

BLUM, JONATHAN BLUM, JONATHAN Name: Name:

2600 DOUGLAS RD SUITE 1100 2665 SOUTH BAYSHORE DRIVE STE 906 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: COCONUT GROVE, FL 33133 US

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: SIMON BLUM DP 04/20/2009