2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/4/

FILED
Jul 16, 2004 8:00 am
Secretary of State
05-04-2004 90170 038 ***150.00

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1. Entity Name
MCPOH, INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134 US	201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134 US

b64JUU40

04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0407050
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZERO 34 REGISTRATION CORP.
201 ALHAMBRA CIR
STE 711
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCGUIRK, JAMES
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 711
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VSD
NAME	POHLIG, FRANCIS M.
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 711
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: F.M. Pohlig 5/31/04 (305) 445-8771
SIGNATURE AND TYPED OR PRINTED NAME OF MGR/MBR OFFICER OR DIRECTOR — Date — Daytime Phone #