## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P93000077053

1. Entity Name
MB REDEVELOPMENT, INC.



FILED Apr 09, 2007 08:00 Al Secretary of State

Principal Place of Business

1601 COLLINS AVENUE MIAMI BEACH, FL 33139 L Mailing Address

655 MADISON AVENUE TAX DEPT. - 14TH FLOOR NEW YORK, NY 10021-8043 US



DO NOT WRITE IN THIS SPACE

03262007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0696427

Solution of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

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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.

(NOTE: Registered Agent signature required when reinstating)

\_\_\_\_\_

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS DCEO TITLE NAME TISCH, JONATHAN M STREET ADDRESS 667 MADISON AVE CITY+ST-ZIP NEW YORK, NY 10021 TITLE NAME **DUNLEAVY, VINCENT F CFO** STREET ADDRESS 667 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10021 TITLE ADLER, JACK NAME STREET ADDRESS 667 MADISON AVENUE NEW YORK, NY 10021 CITY-ST-ZIP TITLE NAME GARSON, GARY W. STREET ADDRESS 667 MADISON AVE CITY-ST-7IP NEW YORK, NY 10021 TITLE NAME KENNY, JOHN J. STREET ADDRESS 655 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10021 TITLE DESMOND, DENIS R NAME STREET ADDRESS 655 MADISON AVE CITY-ST-ZIP NEW YORK, NY 10021

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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 Iffat 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 eport 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENIS 1. DESMONE

3/29/07

Daytime Phone #