
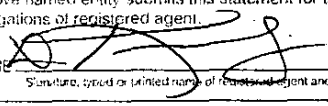
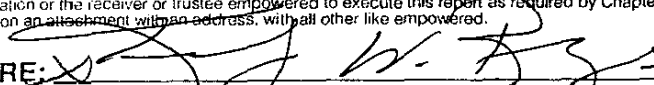


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90023 004 \*\*\*150.00

<b>DOCUMENT # P93000086292</b> 1. Entity Name <b>MRW CONSTRUCTION, INC.</b>																													
Principal Place of Business <b>1020 N. W. 62 ST. FT. LAUDERDALE, FL 33309</b>			Mailing Address <b>P. O. BOX 81200 ALBUQUERQUE, NM 87198</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number <b>59-3227193</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  <b>WHITTINGTON, KEELY 1020 N. W. 62 ST. FT. LAUDERDALE, FL 33307</b>				7. Name and Address of New Registered Agent Name <b>KEELY, KEELY W</b> Street Address (P.O. Box Number is Not Acceptable) <b>1020 NW 62ND ST</b> City <b>FT LAUDERDALE</b> <b>FL</b> Zip Code <b>33309</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. SIGNATURE  DATE <b>3 30 04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WHITTINGTON, M. RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOX 81206</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ALBUQUERQUE, NM 871981200</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	WHITTINGTON, M. RICHARD		STREET ADDRESS	BOX 81206		CITY - ST - ZIP	ALBUQUERQUE, NM 871981200		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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:  DATE <b>3 30 04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

**24049197**



03262004 Chg-P CR2E034 (10/03)