


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90220 024 ***150.00

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| DOCUMENT # P94000022440 |  |
| 1. Entity Name M.P. ENTERPRISES, INC. | |

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| Principal Place of Business 2561 WEST 80TH ST. HIALEAH, FL 33016 | Mailing Address 2561 WEST 80TH ST. HIALEAH, FL 33016 |
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50019875



01192005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0475819 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MORI, JOSE F 2561 WEST 80TH ST. HIALEAH, FL 33016 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MORI, JOSE F 2561 W 80 STREET MIAMI LAKES, FL 33046 HIALEAH, FL 33016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MORI, JOE L 2561 W 80 STREET HIALEAH, FL 33016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD PLACERES, CARLOS 2561 W 80 STREET HIALEAH, FL 33016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:  **JOSE F. MORI** **305-825-7144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #