


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90052 043 ***150.00

DOCUMENT # P94000045871	
1. Entity Name M.P. ASSOCIATES, P.A.	

Principal Place of Business MP ASSOCIATES 3324 GUERRERO DR VIERA, FL 32940	Mailing Address MP ASSOCIATES 3324 GUERRERO DR VIERA, FL 32940
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

900111



01292008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3250695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PINKERMAN, MARILYN 1944 BAYHILL DRIVE VIERA, FL 32940	7. Name and Address of New Registered Agent Name MARILYN PINKERMAN Street Address (P.O. Box Number is Not Acceptable) 3324 GUERRERO DR. City VIERA FL Zip Code 32940
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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 *Marilyn Pinkerman* **MARILYN PINKERMAN** 1-29-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS PINKERMAN, MARILYN 3324 GUERRERO DR VIERA, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Marilyn Pinkerman* **MARILYN PINKERMAN** 1-29-08 321-255-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #