


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000061260</b> 1. Entity Name M.R.F. ENTERPRISES LIMITED, INC.		
Principal Place of Business 2140 N.E. 17TH TERRACE WILTON MANORS, FL 33305	Mailing Address 2140 N.E. 17TH TERRACE WILTON MANORS, FL 33305	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FLIK, MICHAEL 2140 NE 17TH TERRACE WILTON MANORS, FL 33305		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLIK, MICHAEL 2140 N.E. 17TH TERRACE FORT LAUDERDALE, FL 33305	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.  <b>SIGNATURE:</b> <u>Michael Flik / Michael FLIK</u> <span style="float: right;">01/05/05 954 6849890</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0512724	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

U000000174612  
01/10/05-80017-016 158.75

**DO NOT WRITE  
IN THIS SPACE**

Fees 2005 paid on 01/05/05 by check # 3637 = \$ 150.00 + \$ 8.75