

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

02-25-2004 90039 050 ***150.00
03-29-2004 90022 046 ***150.00

DOCUMENT # P94000093233

1. Entity Name
M.R. VENTURES, INC.



Principal Place of Business
**1000 LINCOLN RD STE 200
MIAMI BEACH, FL 33139 US**

Mailing Address
**PO BOX 19-0089
MIAMI BEACH, FL 33119**

54023154



2. Principal Place of Business
C/O BALLOTTA

3. Mailing Address

Suite, Apt. #, etc.
7901 SW 6th CT # 140

Suite, Apt. #, etc.

03212004 Chg-P CR2E034 (10/03)

City & State
PLANTATION, FL

City & State

4. FEI Number
65-0549779

Applied For
Not Applicable

Zip
33324

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, RUBINSON
1000 LINCOLN ROAD STE 200
MIAMI BEACH, FL 33139**

Name
MICHAEL R. BALLOTTA

Street Address (P.O. Box Number is Not Acceptable)
7910 SW 6th COURT # 140

City
PLANTATION

FL

Zip Code
33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PS
RUBINSON, MITCHELL
1000 LINCOLN ROAD, STE 200
MIAMI BEACH, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MITCHELL RUBINSON
C/O BALLOTTA
7901 SW 6th CT #140
PLANTATION, FL 33324**

☐ Change ☐ Addition

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MITCHELL RUBINSON 3/22/04