## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 08:00 AN Secretary of State

	AITHUAL NE	FURI
DOCUMENT #	#P95000027907	•

1. Entity Name

M.P.P. MIAMI INVESTMENTS, INC.



Principal Place of Business

Mailing Address

4111-B N.W. 132ND STREET OPA LOCKA, FL 33054-4538

4111-B N.W. 132ND STREET OPA LOCKA, FL 33054-4538



## DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0578745

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARMENATE, WENCESLAO M 4111 B NW 132 ST. OPA LOCKA, FL 33054

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or registered agent, or both, in	n the State of Florida. I am familiar w	ith, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Register	ed 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			
10. OFFICERS AND DIRECTORS					
TITLE	Ρ .				
NAME	CARMENATE, WENCESLAO M				
STREET ADDRESS	4111 B NW 132 ST.			HOBOODSSSOSS	

NAME CARMENATE, WENCESLAO M

STREET ADDRESS
CITY-ST-ZIP OPA LOCKA, FL 33054

11TLE ST

NAME CARMENATE, EVA M

STREET ADDRESS
CITY-ST-ZIP OPA LOCKA, FL 33054

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CITY-SI-ZIP OPA LOCKA, FL 33054

IITLE VP
NAME CARMENATE, JESUS
STREET ADDRESS 4111 B NW 132ND ST.
CITY-SI-ZIP OPA LOCKA, FL 33054

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
TITLE
NAME
STREET ADDRESS

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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 the end accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee end wared 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:

CITY-ST-ZIP

STREET ADDRESS

JESUS CARME!

2-15-08

305 687 8015

Daytime Phone #