2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Jan 24, 2005 8:00 am Secretary of State 01-24-2005 90052 005 ***150.00

DOCUMENT # P95000044055 1. Entity Name MRO INVESTMENTS, INC.					01-24-2003	5 90052 005 **	*150.00	
Principal Place of Business Mailing Address 111 10TH ST SOUTH 111 BRADENTON BEACH, FL 34217 US Mailing Address 111 10TH ST SOUTH 111 BRADENTON BEACH, FL 34217 US BRADENTON BEACH, FL 34			. 34217 US		5000574			
2. Principal Place of Business 2306 5874 57 5 Suite, Apt. #, etc.		3. Mailing Address 2506		01212005	01212005 Chg-P CR2E034 (10/03)			
	CETTO, FL	City & State	FL South	4. FEI Number 65-0593		00.75	Applied For Not Applicable	
34771 Country MANATES		34771	MANAT 1	5. Certificate of	of Status Desired	□ \$8./5 Fee Red	Additional juired	
	6. Name and Address of Current F	legistered Agent	Name .	. 7. Name and	Address of New F	legistered Agent		
OFFICER, ROBERT M Street Address				Idress (P.O. Box Numbe	P.O. Box Number is Not Acceptable)			
#111 BRADENTON BEACH, FL 34217					1 M 3 1 Z			
С				MALMETTO FL 3477/				
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 triple applicable. (NOTE Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.		CHANGES TO OF	FICERS AND DIREC		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PD OFFICER, ROBERT 110 10TH ST SOUTH #111 BRADENTON BEACH, FL 34217	_ Delete	NAME STREET ADDRESS CITY-SI-ZIP	PDS Rodiat M 6 2308 S&TO PALMITTO.	y St E	⅓ Cha	inge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP -		,	☐ Cha	inge Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	inge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange 🔲 Addition	
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		□ Delate •	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange 🗖 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange Addition	
12. I hereby indicated	certify that the information supplied with	this filing does not qualify for	r the exemption starny signature shall h	ted in Section 119.07(3)(ave the same legal effections of the section of the section 119.07(3)	i), Florida Statutes	. I further certify that roath; that I am an o	the information fficer or director	