

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P95000047160

1. Entity Name  
MPD FAMILY ENTERPRISES, INC.



**FILED**

**Jan 25, 2007 08:00 AM  
Secretary of State**



1st MOORE CR2E034 (10/06)

Principal Place of Business  
325 NE 3RD AVE  
DELRAY BEACH FL 33444

Mailing Address  
325 NE 3RD AVE  
DELRAY BEACH FL 33444

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	65-0588217	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARISH, DAVID  
325 NE 3RD AVE  
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 remitting)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

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	PD BARISH, DAVID 325 NE 3RD AVE. DELRAY BEACH FL 33444	□ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	U000000603294 01/28/07-80007-022 150.00	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	STD BARISH, ROBYN 325 NE 3RD AVE. DELRAY BEACH FL 33444	□ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		□ Change □ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		□ Change □ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

(Signature and Typed or Printed Name of Signing Officer or Director)

1-22-07 561-272-4310  
Date Daytime Phone #