

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90029 017 ***150.00

DOCUMENT # P97000057014

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



Principal Place of Business
**701 N.W. 79TH ST.
MIAMI, FL 33150**

Mailing Address
**701 N.W. 79TH ST.
MIAMI, FL 33150**

DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0766513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, JAMES D JR.
228 VALENCIA AVE.
CORAL GABLES, FL**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANTISTEBAN, ROBERTO 74 WEST 34TH ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANTISTEBAN, MARIA 701 N.W. 79TH ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SANTISTEBAN, RAFAEL R 701 N.W. 79TH ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

President

Date

305-477-2939

Daytime Phone #