

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000063543**

1. Entity Name  
 MHMR CORPORATION



Principal Place of Business      Mailing Address

9525 BYRON AVE                      9525 BYRON AVE  
 MIAMI, FL 33154                      MIAMI, FL 33154

**DO NOT WRITE IN THIS SPACE**



03052004    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0769436	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

PIOMBO-URIATE, MARGARITA  
 9525 BYRON AVE 8  
 SURFSIDE, FL 33154

**DO NOT WRITE IN THIS SPACE**

8. The above named \_\_\_\_\_ a 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 \_\_\_\_\_

SIGNAT \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

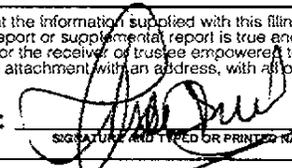
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000088827  
 03/15/04-80067-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP URIARTE, MARIANA 7900 TATUM WATERWAY DR #304 MIAMI BCH, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIOMBO-URIARTE, MARGARITA 9525 BYRON AVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(f), 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: 3/10/04      Daytime Phone # \_\_\_\_\_