

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001553

Entity Name: M & B DEVELOPERS CORP.

FILED  
Jan 10, 2006  
Secretary of State

## Current Principal Place of Business:

320 W 49 ST  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

320 W 49 ST  
HIALEAH, FL 33012

## New Mailing Address:

FEI Number: 65-0927099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAS, AQUILES E  
320 W 49 ST  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAS, AQUILES E  
Address: 320 W 49 ST  
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete  
Name: DENIS, JORGE  
Address: 320 W 49 ST  
City-St-Zip: HIALEAH, FL 33012

Title: S ( ) Delete  
Name: MAS, EUGENIA N  
Address: 320 W 49 ST  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: WING, ANA MARIA  
Address: 1190 NW 90 TERR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: MESSINA, MARITE N  
Address: 4111 NW 115 TERR  
City-St-Zip: SUNRISE, FL 33323

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AQUILES E. MAS DDS.

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date