

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 22, 2008 8:00 am  
Secretary of State**

01-22-2008 90057 018 \*\*\*150.00

**DOCUMENT # P98000015809**



1. Entity Name  
**M.N.P. ASSOCIATES, CORP.**

Principal Place of Business  
**748 PLACID LAKES BLVD  
LAKE PLACID, FL 33852**

Mailing Address  
**PO BOX 1199  
LAKE PLACID, FL 33862**

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

**6. Name and Address of Current Registered Agent**

**PEREZ, MANUEL  
748 JEFFERSON AVENUE  
LAKE PLACID, FL 33852**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE: **DPST**  
NAME: **PEREZ, MANUEL**  
STREET ADDRESS: **748 JEFFERSON AVENUE**  
CITY-ST-ZIP: **LAKE PLACID, FL 33852**

Delete

TITLE: **V**  
NAME: **PEREZ, ESTHER**  
STREET ADDRESS: **748 PLACID LAKES BLVD**  
CITY-ST-ZIP: **LAKE PLACID, FL 33852**

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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 Chapter 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

*1/16/08 (863)243-9370*

Date

Daytime Phone #