

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000015809

Entity Name: M.N.P. ASSOCIATES, CORP.

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

748 PLACID LAKES BLVD  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1199  
LAKE PLACID, FL 33862

**New Mailing Address:**

FEI Number: 65-0817234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, MANUEL  
748 PLACID LAKES BLVD  
LAKE PLACID, FL 33852 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: DPST  
Name: PEREZ, MANUEL  
Address: 748 PLACID LAKES BLVD  
City-St-Zip: LAKE PLACID, FL 33852

Title: V  
Name: PEREZ, ESTHER  
Address: 748 PLACID LAKES BLVD  
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

SIGNATURE: MANUEL PEREZ

DPST

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date