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Secretary of State
03-23-2004 90003 022 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/23/

DOCUMENT # P98000027664

1. Entity Name
MFRC, INC.

Principal Place of Business	Mailing Address
316 STRAWBRIDGE AVE MELBOURNE, FL	P.O. BOX 1287 MELBOURNE, FL 32902 US

01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3536106
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RADFAR, FARIDEH 2040 N Highway A1A
~~316 STRAWBRIDGE AVE~~ unit 208
MELBOURNE, FL Indian Harbour Beach
FL 32937

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	RADFAR, FARIDEH
STREET ADDRESS	PO BOX 1287 N/A
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	
NAME	HESHMATI NARIMAN
STREET ADDRESS	P. O. Box 1287
CITY-ST-ZIP	MELBOURNE FL 32902
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	

President

Secretary

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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)(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: _____ 3-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #