

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90007 048 ***150.00

DOCUMENT # P98000040573

1. Entity Name
MK ENTERPRISES OF BROWARD, INC.



Principal Place of Business
14601 SUNSET LANE
SOUTHWEST RANCHES, FL 33330 US

Mailing Address
14601 SUNSET LANE
SOUTHWEST RANCHES, FL 33330 US

40026477



2. Principal Place of Business - No P.O. Box #
4611 S. University Drive

3. Mailing Address
4611 S. University Drive

Suite, Apt. #, etc.
Suite 112

Suite, Apt. #, etc.
Suite 112

02132007 Chg-P CR2E034 (12/06)

City & State
Davie, FL

City & State
Davie, FL

4. FEI Number
65-0871449

Applied For
☐ Not Applicable

Zip
33328

Country
USA

Zip
33328

Country
USA

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

6. Name and Address of Current Registered Agent

SHORT, MATTHEW J
14601 SUNSET LANE
FT LAUDERDALE, FL 33330

7. Name and Address of New Registered Agent

Name
Pierre Girard

Street Address (P.O. Box Number is Not Acceptable)
4611 S. University Drive

Suite 112

City
Davie, FL

Zip Code
33328

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 *Pierre Girard* **Pierre Girard** **3/17/07**

Signature, typed or printed name of registered agent, and date if applicable. NOTE: Registered Agent signature required when registering.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
D

NAME
SHORT, MATTHEW J

STREET ADDRESS
14601 SUNSET LANE

CITY-ST-ZIP
SOUTHWEST RANCHES, FL 33330

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P/D

NAME
Pierre Girard

STREET ADDRESS
4611 S. University Drive, Suite 112

CITY-ST-ZIP
Davie, FL 33328

☒ Change ☐ Addition

TITLE
V/S/T

NAME
Louise Sauvageau

STREET ADDRESS
4611 S. University Drive, Suite 112

CITY-ST-ZIP
Davie, FL 33328

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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: *Pierre Girard* **Pierre Girard** **2/13/07** **954-347-1167**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #