
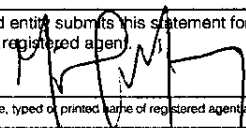
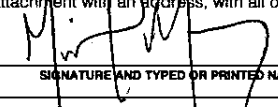


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90439 042 \*\*\*150.00

<b>DOCUMENT # P98000067606</b> 1. Entity Name <b>M.P.O. HOLDINGS, INC.</b>			
Principal Place of Business <b>12235 SW 129TH CT MIAMI, FL 33186</b>		Mailing Address <b>12235 SW 129TH CT MIAMI, FL 33186</b>	
2. Principal Place of Business <b>10 NW 42ND AVE</b> Suite, Apt. #, etc. <b>Suite 400</b>		3. Mailing Address <b>10 NW 42ND AVE</b> Suite, Apt. #, etc. <b>Suite 400</b>	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>MOURIZ, MIGUEL A 12235 SW 129TH CT MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name <b>MOURIZ, Miguel A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 NW 42ND AVE</b> <b>Suite 400</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33126</b>	
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  <b>Miguel A. Mouriz</b> DATE <b>4/21/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOURIZ, MIGUEL A 12235 SW 129TH CT MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOURIZ, MIGUEL A 10 NW 42ND AVE, Suite 400 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HOURIZ, REINALDO J 12235 SW 129 CT MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MOURIZ, REINALDO J 10 NW 42ND AVE, Suite 400 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUIG, ENRIQUE 12235 SW 129 CT. MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUIG, ENRIQUE 10 NW 42ND AVE, Suite 400 MIAMI, FL 33126
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	   
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   
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:  <b>Miguel A. Mouriz</b>		Date <b>4/21/04</b> Daytime Phone # <b>(305) 587-1577</b>	