

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90244 049 \*\*\*150.00

**DOCUMENT # P98000067606**

1. Entity Name  
**M.P.O. HOLDINGS, INC.**



Principal Place of Business

**10 NW 42ND AVE  
SUITE 400  
MIAMI, FL 33126 US**

Mailing Address

**10 NW 42ND AVE  
SUITE 400  
MIAMI, FL 33126 US**

2. Principal Place of Business

**10 N.W. 42nd AVE.**

Suite, Apt. #, etc.

**SUITE 700**

3. Mailing Address

**10 N.W. 42nd AVE.**

Suite, Apt. #, etc.

**SUITE 700**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33126**

Country

**USA**

Zip

**33126**

Country

**USA**

03032006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0962720**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MOURIZ, MIGUEL A  
10 NW 42ND AVE  
SUITE 400  
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name **MOURIZ, MIGUEL A.**

Street Address (P.O. Box Number is Not Acceptable)

**10 N.W. 42nd AVE., SUITE 700**

City

**MIAMI**

**FL**

Zip Code

**33126**

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

**3-20-2006**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 ☐ Delete  
NAME MOURIZ, MIGUEL A  
STREET ADDRESS 10 NW 42ND AVE, SUITE 400  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VSD ☐ Delete  
NAME MOURIZ, REINALDA J.  
STREET ADDRESS 10 NW 42ND AVE, SUITE 400  
CITY-ST-ZIP MIAMI, FL 33126

TITLE V ☐ Delete  
NAME PUIG, ENRIQUE  
STREET ADDRESS 10 NW 42ND AVE, SUITE 400  
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME MOURIZ, MIGUEL A.  
STREET ADDRESS 10 N.W. 42nd AVE, SUITE 700  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VSD ☒ Change ☐ Addition  
NAME MOURIZ, REINALDO J.  
STREET ADDRESS 10 N.W. 42nd AVE, SUITE 700  
CITY-ST-ZIP MIAMI, FL 33126

TITLE V ☒ Change ☐ Addition  
NAME PUIG, ENRIQUE  
STREET ADDRESS 10 N.W. 42nd AVE, SUITE 700  
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**3-20-2006 (305) 2671577**