


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000074203 1. Entity Name MPI CAPITAL (FLORIDA), INC.	
---	---

Principal Place of Business
11 CHURCH STREET, SUITE 200
TORONTO ONTARIO M5E 1W1
CANADA, M5E -1W1 CA

Mailing Address
11 CHURCH STREET, SUITE 200
TORONTO ONTARIO M5E 1W1
CANADA, M5E -1W1 CA

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 98-0192262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, RALPH
6003 RIVERSIDE DRIVE
YANKEETOWN, FL 34498

**DO NOT WRITE
IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	DVS POWERS, THOMAS E 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO CANADA, M5E 1W1
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEIN, MICHAEL 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO CANADA, M5E 1W1
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACOBSON, RUSSELL 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO CANADA, M5E 1W1
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BHARUCHA, YAZDI 11 CHURCH STREET - SUITE 200 TORONTO ONTARIO CANADA, M5E 1W1
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U000000133907
04/27/04-80107-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **RUSSELL JACOBSON**

4/26/2004 **(416) 861-5753**
Date Daytime Phone #