

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 08:00 A
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
TORONTO, ON M5E1W-1 CA

Mailing Address

11 CHURCH STREET, SUITE 200
TORONTO ONTARIO M5E 1W1
TORONTO, ON M5E1W-1 CA



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0192262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, RALPH
6019 153 ROAD
LIVE OAK, FL 32060

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000764692
05/31/07-80006-014 150.00

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

**DO NOT WRITE
IN THIS SPACE**

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

5/12/07

Date

386 364 4066

Daytime Phone #