

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000078356**

1. Entity Name  
MPI/MANDARIN CENTRAL, INC.



Principal Place of Business  
200 CONGRESS PARK DR.  
SUITE 205  
DELRAY BEACH, FL 33445

Mailing Address  
200 CONGRESS PARK DR.  
SUITE 205  
DELRAY BEACH, FL 33445



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0862973

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AUERBACHER, STEVEN M  
200 CONGRESS PARK DR.  
SUITE 104  
DELRAY BEACH, FL 33445

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MANDOR, ROBERT
STREET ADDRESS	200 CONGRESS PARK DR, STE 205
CITY- ST- ZIP	DELRAY BEACH, FL 33445
TITLE	VP
NAME	OTTO, JOSEPH
STREET ADDRESS	200 CONGRESS PARK DR. STE 205
CITY- ST- ZIP	DELRAY BEACH, FL 33445
TITLE	S
NAME	OTTO, JOSEPH
STREET ADDRESS	200 CONGRESS PARK SR. STE 205
CITY- ST- ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/20/08-80006-005 150.00

**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

Robert Mandor 3/27/08

Date

Daytime Phone #