


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90145 044 ***150.00

DOCUMENT # P99000062591	
1. Entity Name MASTER BROKERS FORUM, INC.	

Principal Place of Business 1111 BRICKELL AVE., STE. 2150 MIAMI, FL 33131	Mailing Address 1111 BRICKELL AVE., STE. 2150 MIAMI, FL 33131
---	---

DO NOT WRITE IN THIS SPACE

03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1039283	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 WALLACE, MILTON J. <i>MARIA T. BARRIA</i> 1111 BRICKELL AVE., STE. 2150 MIAMI, FL 33131	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 <i>Maria T. Barria</i>	DATE <i>4/14/05</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-5 <i>MILTON J. WALLACE</i> 1111 BRICKELL AVENUE, STE #2150 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICASTRI, JEANNE 1500 SAN REMO, #110 CORAL GABLES, FL 33146
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	

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: <i>Jeane Nicastri</i>	DATE: <i>4/21/05</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	