

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064670

Entity Name: MBM ENTERPRISES, CORP. OF SO. FLORIDA

FILED  
Jan 19, 2005  
Secretary of State

**Current Principal Place of Business:**

7797 N UNIVERSITY DRIVE  
SUITE 208  
TAMARAC, FL 33321

**New Principal Place of Business:**

1001 W. CYPRESS CREEK RD.  
SUITE 304  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

PO BOX 970535  
COCONUT CREEK, FL 33097

**New Mailing Address:**

1001 W. CYPRESS CREEK RD.  
SUITE 304  
FT. LAUDERDALE, FL 33309

FEI Number: 65-0940791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOSKOBONNIK, MARTA L  
5539 LAKE TERN CT  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: WOSKOBONNIK, LEON M  
Address: 5539 LAKE TERN COURT  
City-St-Zip: COCONUT CREEK, FL 33073

Title: V ( ) Delete  
Name: NIEUCHOWICZ, MICHAEL  
Address: 7797 UNIVERSITY DR  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: WOSKOBONNIK, MARTA L  
Address: 5539 LAKE TERN CT.  
City-St-Zip: COCONUT CREEK, FL 33073

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON WOSKOBONNIK

PS

01/19/2005

Electronic Signature of Signing Officer or Director

Date