

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064670

FILED
Jan 19, 2005
Secretary of State

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

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:

WOSKOBOJNIK, 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: WOSKOBOJNIK, 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: WOSKOBOJNIK, 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 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 WOSKOBOJNIK

PS

01/19/2005

Electronic Signature of Signing Officer or Director

Date