


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-04-2007 90184 010 ***150.00

DOCUMENT # P99000077792			
1. Entity Name M.R. FOUR, INC.			
Principal Place of Business 3357 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442		Mailing Address 5380 PINE CIRCLE CORAL SPRINGS FL 33067	
2. Principal Place of Business - No P.O. Box # 1805 W. HILLSBORO BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DEERFIELD BEACH, FLA		City & State	
Zip 33442	Country BROWARD	Zip	Country
4. FEI Number 65-0957775		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYERS, CHRISTINE CPA 12230 FOREST HILL BLVD WELLINGTON FL 33414		7. Name and Address of New Registered Agent Name MEYERS, CHRISTINE CPA Street Address (P.O. Box Number is Not Acceptable) 3220 FAIRLANE FARMS RD SUITE 5 City WELLINGTON, FL Zip Code 33414	
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 <u><i>Christine Meyers, CPA</i></u> DATE <u>3-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUFFOLO, MARIO <input type="checkbox"/> Delete 3359 W HILLSBORO BLVD DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUFFOLO, MARIO <input type="checkbox"/> Delete 3357 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUFFOLO, MARGARET <input type="checkbox"/> Delete 3357 W HILLSBORO BLVD DEERFIELD BEACH FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>MARGARET RUFFOLO</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-19-07</u> Daytime Phone # <u>954-571-7858</u>	