


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # F05000005159	
1. Entity Name MCM MANAGEMENT CORP. SOUTH	

Principal Place of Business 35980 WOODWARD AVE. SUITE 210 BLOOMFIELD HILLS, MI 48304	Mailing Address 35980 WOODWARD AVE. SUITE 210 BLOOMFIELD HILLS, MI 48304
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02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3126593	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARDIGIAN, DAVID F 4033 ABBY CT BLOOMFIELD HILLS, MI 48302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARDIGIAN, ROBERT 590 TOWNSEND ST. BIRMINGHAM, MI 48009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YAROCH, ROBERT 2558 NOTTINGHAM WATERFORD, MI 48329
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

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03/27/08-80064-018-150.00

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:  **3/5/08** **248/932-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #