2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013780

Entity Name: MC SERVICES ENTERPRISES, INC.

FILED Jul 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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10011 PINES BLVD. SUITE 203J

PEMBROKE PINES, FL 33024 US

Current Mailing Address: New Mailing Address:

10011 PINES BLVD. SUITE 203J

PEMBROKE PINES, FL 33024 US

FEI Number: 26-4713228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CAICEDO, MONICA D CAICEDO, MONICA D PRES 17340 NW 74 AVE 10011 PINES BLVD.

101 SUITE 203J

MIAMI, FL 33015 US PEMBROKE PINES, FL 33024 US

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: MONICA CAICEDO 07/22/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CAICEDO, MONICA D CAICEDO, MONICA D PRES Name: Name: 17340 NW 74 AVE # 101 Address: 10011 PINES BLVD. # 203-J Address: City-St-Zip: MIAMI, FL 33015 US City-St-Zip: PEMBROKE PINES, FL 33015 US

Title: () Delete Title: TREA () Change (X) Addition Name: CASTELLANOS, PARMENIO TREAU Address: Address: 10011 PINES BLVD. # 203-J City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MONICA CASTELLANOS PRES 07/22/2009