

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000040510

FILED
Apr 28, 2011
Secretary of State

Entity Name: MY CAPITAL ACCESS CORPORATION

Current Principal Place of Business:

9190 BISCAYNE BLVD.
SUITE 201
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

3370 NE 190 STREET
2608
AVENTURA, FL 33180

New Mailing Address:

9190 BISCAYNE BLVD.
SUITE 201
MIAMI SHORES, FL 33138

FEI Number: 27-2618368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAO, ANTHONY
3370 NE 190 STREET
2608
AVENTURA, FL 33180 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

OFFICERS AND DIRECTORS:

Title: CEOC
Name: CHAO, ANTHONY
Address: 3370 NE 190 STREET UNIT 2608
City-St-Zip: AVENTURA, FL 33138

Title: VP
Name: MAYORGA, MICHELLE
Address: 9190 BISCAYNE BLVD SUITE 201
City-St-Zip: MIAMI SHORES, FL 33138 US

Title: VP
Name: SIDOREVSKAYA, YULIYA
Address: 3370 NE 190 STREEET UNIT 2608
City-St-Zip: AVENTURA, FL 33180 US

Title: VP
Name: DAVALOS, MANUEL SR
Address: 45 SW 136 CT
City-St-Zip: MIAMI, FL 33184

Title: P
Name: PARLA, AGUSTIN
Address: 9190 BISCAYNE BLVD. #201
City-St-Zip: MIAMI SHORES, FL 33138

Title: ST
Name: MAYORGA, MICHELLE
Address: 9190 BISCAYNE BLVD.
City-St-Zip: MIAMI SHORES, FL 33138

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY CHAO

CEOC

04/28/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date