


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90022 015 ***150.00

DOCUMENT # P97000073300

1. Entity Name
MCA INVESTMENT INC.



Principal Place of Business
**601 BRICKELL KEY DR., SUITE 501
 MIAMI, FL 33131-2651**

Mailing Address
**601 BRICKELL KEY DR., SUITE 501
 MIAMI, FL 33131-2651**

44011636



2. Principal Place of Business
601 Brickell Key Drive

3. Mailing Address
601 Brickell Key Drive

Suite, Apt. #, etc.
Suite 201

01092004 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
65-0778087

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUTIERREZ, RENALDY J
 601 BRICKELL KEY DR., SUITE 501
 MIAMI, FL 33131-2651**

7. Name and Address of New Registered Agent

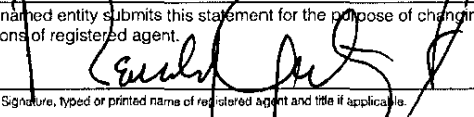
Name
Gutierrez, Renaldy J.

Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive, Suite 201

City
Miami

FL Zip Code
33131

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  **Renaldy J. Gutierrez** **02/19/2004**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	DPS ARGUINDEGUI, CARLOS G <input type="checkbox"/> Delete AVENIDA DE MAYA 881 TERCER PISO BUENOS AIRES, AR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, RENALDY <input type="checkbox"/> Delete 601 BRICKELL KEY DRIVE SUITE 201 MIAMI, FL 33131	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
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
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
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 exemption stated in Section 119.07(3)(f), 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:  **Renaldy J. Gutierrez** **2/19/2004** **305-577-4500**

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