2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052936

MEA CODDODATION

1225 HARRISON STREET

HOLLYWOOD, FL 33019

Address: City-St-Zip: FILED Apr 04, 2008 Secretary of State

Entity Nar	me: M.F.A. CC	RPORATION			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1835 E HALLANDALE BEACH BLVD. # 418					
HALLAND.	ALE, FL 33009				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
# 418	LLANDALE BE				
HALLAND.	ALE, FL 33009				
FEI Number:	: 65-1018206	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MIHLSTIN, ANNETTE 1225 HARRISON ST HOLLYWOOD, FL 33019 US			1225 HARRISON ST	MIHLSTIN, ANNETTE VSTD 1225 HARRISON ST HOLLYWOOD, FL 33019 US	
The above in the State	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ANNETTE MIHLSTIN				04/04/2008	
	Electroni	c Signature of Registered Age	nt	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MIHLSTIN, MICH 1225 HARRISON HOLLYWOOD, F	N STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () MIHLSTIN, FRAN 1225 HARRISON HOLLYWOOD, F	N STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VSTD () MIHLSTIN, ANNE	Delete ETTE	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ANNETTE MIHLSTIN **VSTD** 04/04/2008