


**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90004 032 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 653792</b>			
1. Entity Name MSF INT'L, INC.			
Principal Place of Business P. O. BOX 3947 BOYNTON BEACH, FL 33424 US		Mailing Address P. O. BOX 3947 BOYNTON BEACH, FL 33424 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 7351	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Delray Beach, FL	
Zip	Country	Zip	Country
33445	USA	33445	USA
4. FEI Number 59-1985689		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		7. Name and Address of New Registered Agent	
MODICA, CHARLES R 454 SO. BEACH RD. HOBE SOUND, FL 33455		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MODICA, CHARLES R 454 SOUTH BEACH ROAD HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Charles R Modica</u>		Charles R Modica 2-22-08 5616410261	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	