


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90002 010 \*\*\*150.00

<b>DOCUMENT # F97000000894</b>	
1. Entity Name <b>MSI VENTURES, INC.</b>	

Principal Place of Business <b>2033 WOOD STREET SUITE 120 SARASOTA, FL 34237</b>	Mailing Address <b>5350 GULF OF MEXICO DRIVE, STE. 201 B LONGBOAT KEY, FL 34228</b>
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**54066326**

2. Principal Place of Business <b>5350 GULF OF MEXICO DR.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>SUITE 201B</b>	Suite, Apt. #, etc.
City & State <b>LONGBOAT KEY, FLORIDA</b>	City & State
Zip <b>34228</b>	Country <b>USA</b>



07062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>75-2615530</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LUZIER, THOMAS B. 3400 S. TAMiami TRAIL SUITE 202 SARASOTA, FL 34239</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST ST. GENIS, JOHN S 2033 WOOD STREET SARASOTA, FL 34237</b> <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	<b>D FLYNN, WILLIAM K 320 PARK AVENUE 23RD FLOOR NEW YORK, NY 10022</b> <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
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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)(i), 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:** John S. St. Genis **JOHN S. ST. GENIS** 7/19/04 (941) 387-8020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #