

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90009 002 ***150.00

DOCUMENT # J36801

1. Entity Name
M S R M, INC.



Principal Place of Business
**3100 NE 49TH STREET
610
FORT LAUDERDALE FL 33308**

Mailing Address
**P.O. BOX 11877
FT. LAUDERDALE FL 33339-1877**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
**3100 NE 49TH ST
506**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State
FT LAUDERDALE FL

4. FEI Number **65-0000920**

Applied For
Not Applicable

Zip

Country

Zip

Country

33308

BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEARSON, NELS, R.
2888 EAST OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306
3100 NE 49TH ST #506
FT LAUDERDALE FL 33308**

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

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **STOECKER, MARY**
STREET ADDRESS **2888 E OAKLAND PARK BLVD**
CITY-STATE-ZIP **FT. LAUDERDALE FL**

TITLE **VPST** ☐ Delete
NAME **PEARSON, NELS**
STREET ADDRESS **2888 E OAKLAND PARK BLVD**
CITY-STATE-ZIP **FORT LAUDERDALE FL 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **MARY STOECKER**
STREET ADDRESS **3100 NE 49TH ST #610**
CITY-STATE-ZIP **FT LAUDERDALE FL 33308**

TITLE **VPST** ☒ Change ☐ Addition
NAME **NELS PEARSON**
STREET ADDRESS **3100 NE 49TH ST #506**
CITY-STATE-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-2007 9542614068

Date

Daytime Phone #