

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36801

Entity Name: M S R M, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

3100 NE 49TH STREET
610
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3100 NE 49TH STREET
506
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 65-0000920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, NELS, R.
3100 NE 49TH STREET
506
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: STOECKER, MARY,
Address: 3100 NE 49TH STREET, 610
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPST () Delete
Name: PEARSON, NELS
Address: 3100 NE 49TH STREET, 506
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: STOECKER, MARY
Address: 3100 NE 49TH STREET, 610
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NELS R PEARSON

VP

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date