


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90062 039 ****50.00

DOCUMENT # L01000021906	
1. Entity Name MPSS, LLC	

Principal Place of Business 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433 US	Mailing Address 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433 US
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20051762



2. Principal Place of Business <u>6971 N. FEDERAL HWY</u>	3. Mailing Address <u>6971 N. FEDERAL HWY</u>
Suite, Apt. #, etc. <u>301</u>	Suite, Apt. #, etc. <u>301</u>

04252005 Chg-LLC CR2E083 (10/03)

City & State <u>BOCA RATON</u>	City & State <u>BOCA RATON FL</u>
Zip <u>33487</u> Country <u>USA</u>	Zip <u>33487</u> Country <u>USA</u>

4. FEI Number 59-2032873	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ADLER, SIDNEY 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433	7. Name and Address of New Registered Agent Name <u>SIDNEY ADLER</u> Street Address (P.O. Box Number is Not Acceptable) <u>6971 N. FEDERAL HWY, #301</u> City <u>BOCA RATON FL</u> Zip Code <u>33487</u>
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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 Sidney Adler SIDNEY ADLER DATE 4/26/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, PETER <input type="checkbox"/> Delete 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6971 N. FEDERAL HWY, #301 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, HOWARD <input type="checkbox"/> Delete 1815 GRIFFIN RD #301 DANIA BEACH, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLOFSKY, HOWARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6971 N. FEDERAL HWY, #301 BOCA RATON, FL 33487
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
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
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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER WOLOFSKY 4/26/05 561-995-7465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #