2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

FILED Mar 12, 2008 08:00 A Secretary of State DOCUMENT # L18541 1. Entity Name M & C ACCOUNTING SERVICES, INC. Principal Place of Business Mailing Address 8249 NW 36 ST. 8249 NW 36 ST. 210 MIAMI, FL 33166 MIAMI, FL 33166 03072008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0145701 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CAMONES, MIGUEL A. 8249 NW 36ST., STE 210 MIAMI, FL 33166 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000856068 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CAMONES, MIGUEL A. STREET ADDRESS 8249 NW 36TH ST., STE 210 CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

MIGUEL CAMONES