



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00
Secretary of State

DOCUMENT # P00000102538					
1. Entity Name MC ENTERTAINMENT GROUP, INC.					
Principal Place of Business 2100 BRICKELL AVE SUITE 402 MIAMI, FL 33129 US			Mailing Address 2100 BRICKELL AVE SUITE 402 MIAMI, FL 33129 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02192007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 65-1059138	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CUETO, MARIA C 2100 BRICKELL AVE SUITE 402 MIAMI, FL 33129				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME CUETO, MARIA C		<input type="checkbox"/> Delete		
STREET ADDRESS 2100 BRICKELL AVE, SUITE 402			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33129			U000000753954 05/22/07-80042-014 150.00		
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/20/07		786 543 6799
			Date		Daytime Phone #