## 2003 FOR PROFIT CORPORATION

UN	IFORM BUSIN	ESS REPOR	T (UBR)	Apr 02, 2003 6.00 am
DOCUMENT # P01000031348				Secretary of State 04-02-2003 90087 046 ***150.00
MSC ELECTRIC, INC.				
Principal Place of Business 7420 NW 35TH COURT LAUDERHILL FL 33319		Mailing Address 7420 NW 35TH COURT LAUDERHILL FL 33319		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-1087754 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Currer	t Registered Agent		7. Name and Address of New Registered Agent
			Name	
Trager, Ross P.A. 1999, North Hiatus Rd., Suite 110			Street Addre	ss (P.O. Box Number is Not Acceptable)
PEMBROOKE PINES FL 33026				
t 			City	FL Zip Code
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title it applicable. (NOTE	: Registered Agent signature rec	tuired when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERVONE, MICHAEL S 7420 NW 35TH COURT LAUDERHILL FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition

12. 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 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 appears, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: ///

CITY-ST-ZIP

954-650-6638