

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90070 016 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000077606

1. Entity Name
MSE INVESTMENTS, INC.



Principal Place of Business
8000 W. BROWARD BLVD., #604
PLANTATION, FL 33388

Mailing Address
8000 W. BROWARD BLVD., #604
PLANTATION, FL 33388

50014989



2. Principal Place of Business
1744 PRIMROSE LANE
Suite, Apt. #, etc.

3. Mailing Address
1744 PRIMROSE LANE
Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State
WELLINGTON FL
Zip
33414
Country
U.S.A.

City & State
WELLINGTON FL
Zip
33414
Country
U.S.A.

4. FEI Number
65-1126400
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
TEJANI, JITIN
8000 W. BROWARD BLVD., #604
PLANTATION, FL 33388
1744 PRIMROSE LN
WELLINGTON
FL 33414

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1744 PRIMROSE LANE
WELLINGTON, FL 33414
City WELLINGTON 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TEJANI, JITIN	
STREET ADDRESS	8000 W. BROWARD BLVD., #604	
CITY-ST-ZIP	PLANTATION, FL 33388	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1744 PRIMROSE LANE	
STREET ADDRESS	WELLINGTON, FL 33414	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other true empowered.

SIGNATURE: Jitin Tejani JITIN TEJANI 02/10/05 561-771-9567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #