


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90012 028 ***150.00

DOCUMENT # P01000116142	
1. Entity Name MCS MORTGAGE CORPORATION	

Principal Place of Business 1489 WEST PALMETTO PARK ROAD SUITE 494 BOCA RATON FL 33486 US	Mailing Address 1489 WEST PALMETTO PARK ROAD SUITE 494 BOCA RATON FL 33486 US
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2. Principal Place of Business - No P.O. Box # 1489 W Palmetto Park Rd Suite, Apt. #, etc. 470	3. Mailing Address 1489 W Palmetto Park Rd Suite, Apt. #, etc. 470
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City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33486	Zip 33486
Country Palm Beach	Country Palm Beach



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent SHARABY, MAURICE 6481 TIMBERLANE BOCA RATON FL 33433	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARABY, MAURICE 6481 TIMBERLANE BOCA RATON FL 33433 <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	D SHARABY, CARYN R 6481 TIMBERLANE BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/21/08 561-361-8463**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #