## 2006 FOR PROFIT CORPORATION

## Apr 26, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P01000117316** 04-26-2006 90219 012 \*\*\*150.00 1. Entity Name MSNE, INC. Principal Place of Business Mailing Address 20035965 8201 SW 115TH STREET **8201 SW 115TH STREET** MIAMI, FL 33156 MIAMI, FL 33156 04062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0561695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **ESCUDERO, MIGUEL** DO NOT WRITE 8201 SW 115TH STREET MIAMI, FL 33156 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. Lam 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ESCUDERO, MIGUEL NAME STREET ADDRESS 8201 SW 115TH STREET CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY - \$T - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: March Lyndred	PRESIDENT	4/8/00	305-725-0135
BON FORE AND TO PETER PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	Date	Daytime Phone #