## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

CITY-ST-ZIP-

## May 02, 2008 08:00 AN Secretary of State **DOCUMENT # P01000117316** 1. Entity Name MSNE, INC. Principal Place of Business Mailing Address 8201 SW 115TH STREET 8201 SW 115TH STREET MIAMI, FL 33156 MIAMI, FL 33156 \$P\$ (自) 16 (1) 16 (1) 16 (1) CR2E034 (11/05) No Chg-P 04222008 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 DO NOT WRITE ESCUDERO, MIGUEL **8201 SW 115TH STREET** MIAMI, FL 33156 IN THIS SPACE har fund that integrated in 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 - - Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE U00000945110 29/08-80126-007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TIFLE ESCUDERO, MIGUEL NAME STREET ADDRESS **8201 SW 115TH STREET** CITY-ST-ZIP MIAMI, FL 33156 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 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.

ED HAME OF SIGNING OFFICER OR DIRECTOR

**FILED**