

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117567

Entity Name: MSB RESTAURANT CORP.

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

9503 S. DIXIE HWY
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

PO BOX 5517
MIAMI, FL 33156

New Mailing Address:

FEI Number: 06-1693055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, HALI
9503 S. DIXIE HWY.
MIAMI, FL 33256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NGUYEN, HALI
Address: PO BOX 5517
City-St-Zip: MIAMI, FL 33156

Title: VDSD () Delete
Name: NGUYEN, PHUOC
Address: PO BOX 5517
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: NGUYEN, DUNG
Address: PO BOX 5517
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: NGUYEN, GARCIA M
Address: PO BOX 5517
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HALI NGUYEN

PD

07/06/2007

Electronic Signature of Signing Officer or Director

Date