2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P01000117567

Entity Name: MSB RESTAURANT CORP.

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

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: P (X) Change ( ) Addition
Name: NGUYEN, HALI
Address: PO BOX 5517
City-St-Zip: MIAMI, FL 33156

Title: VP (X) Change ( ) Addition
Name: NGUYEN, PHUOC
Address: PO BOX 5517
City-St-Zip: MIAMI, FL 33156

Title: S (X) Change ( ) Addition
Name: NGUYEN, DUNG
Address: PO BOX 5517
City-St-Zip: MIAMI, FL 33156

Title: T (X) Change ( ) Addition
Name: NGUYEN, GARCIA M
Address: PO BOX 5517
City-St-Zip: MIAMI, FL 33156

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 03/10/2009

Electronic Signature of Signing Officer or Director Date