


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000014603</b>	
1. Entity Name MSF GROUP, INC.	

Principal Place of Business 2025 SW 32 AVE STE 110 MIAMI, FL 33145	Mailing Address 2025 SW 32 AVE STE 110 MIAMI, FL 33145
--	--

**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0123087	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MILIAN, ARSENIO 2025 SW 32 AVE STE 110 MIAMI, FL 33145	

**DO NOT WRITE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000001211388 01/29/05-80053-006 158.75
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILIAN, ARSENIO 2025 SW 32 AVE STE 110 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAIN, DEBORAH D 2025 SW 32 AVE STE 110 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANCHER, CHARLES E JR 2844 CHUCUNANTAH RD STE F MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, 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:** Arsenio Milian **ARSENIO MILIAN** 1/26/05 305-441-0123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #