

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90556 008 \*\*\*150.00

**DOCUMENT # P02000017393**

1. Entity Name  
**MC.WIDE SOLUTIONS CORP**



Principal Place of Business  
**301 SW 51 ST.  
CORAL GABLES, FL 33134**

Mailing Address  
**301 SW 51 ST.  
CORAL GABLES, FL 33134**

**34063043**



2. Principal Place of Business  
**301 SW 51<sup>ST</sup> CT**  
Suite, Apt. #, etc.

3. Mailing Address  
**301 SW 51<sup>ST</sup> CT**  
Suite, Apt. #, etc.

04192004 Chg-P CR2E034.(10/03)

City & State  
**CORAL GABLES, FL.**  
Zip  
**33134-1210** Country  
**USA**

City & State  
**CORAL GABLES, FL.**  
Zip  
**33134-1210** Country  
**USA**

4. FEI Number  
**02-0546311** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**DIAZ, JUAN A**  
**301 SW 51 CT.**  
**CORAL GABLES, FL 33134**

## 7. Name and Address of New Registered Agent

Name  
**ROSARIO, VERONICA**  
Street Address (P.O. Box Number is Not Acceptable)  
**301 SW 51<sup>ST</sup> CT**  
City  
**CORAL GABLES, FL.** FL Zip Code  
**33134**

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: **VERONICA ROSARIO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/19/04**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ROSARIO, VERONICA** ☐ Delete  
**301 SW 51 ST.**  
**CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD**  
**CRASTO, MARIANELLA** ☐ Delete  
**301 SW 51 ST.**  
**CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**301 SW 51<sup>ST</sup> CT**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**CRASTO, MARIANEUA**  
**301 SW 51<sup>ST</sup> CT**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARIANEUA CRASTO**

**04/19/04**

Date

**(786) 5069838**

Daytime Phone #