2005 FOR PROFIT CORPORATION

Sep 08, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000017393** 06-20-2005 90003 030 ***150.00 MC WIDE SOLUTIONS CORP. Principal Place of Business Mailing Address 301 SW 51 CT. 301 SW 51 CT. CORAL SPRINGS, FL 33134-1210 CORAL SPRINGS, FL 33134-1210 3. Malling Address 2. Principal Place of Bysiness 1175 97 st. 1175 97 st. Suite, Apt. #, etc. Suite, Apt. #, etc. 09062005 Chg-P CR2E034 (10/03) APT # 6 APT #6 City & State 4. FEI Number Applied For City & State BAY HARBOR ISLANDS, FL. BAY HARBOR ISLANDS, 02-0546311 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33154 33154 USÁ Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSARIO, VERONICA Street Address (P.O. Box Number is Not Acceptable) 301 SW 51 CT. CORAL GABLES, FL 33134 APT#6 1175 975t. Zip Code 33 (54 HARBON ISLANDS 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition ROSARIO, VERONICA NAME NAME 301 SW 51 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Change ☐ Addition NAME CRASTO, MARIANELLA NAME 301 SW 51 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS

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 oddress, with all other the provered. ith all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ED NAME OF BIGNING OFFICER OR DIRECTOR

SEPT. 06,2005

(786) 5069838

FILED



September 06, 2005

FLORIDA DEPARTMENT OF STATE Division of Corporations PO Box 1500, Tallahassee, FL 32302-1500

Subject: MC Wide Solutions, Corp.

Reference Number: P02000017393

The annual report / uniform business report 2005 of MC Wide Solutions, Corp. that you requested has been included in this letter.

Please notice that the fee of \$150.00 to file the profit annual report / uniform business report was sent on time. The payment was made with a check of Union Planters Bank, # 415 on April 28, 2005 for the amount of \$150.00, and it was posted to our account on June 23, 2005.

We will really appreciate if you remove the late fee of \$400.00 from our file due to the fact that the payment was made before the due date of May 31, 2005. Please do no hesitate to contact us if you need further information. Thank you.

Sincerely,

MC Wide Solutions, Corp.

Marianella Crasto Vice-President 1175 97st. Apt #6 Bay Harbor Islands, FL, 33154

Daytime phone: (786) 506 9838