


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000046469</b> 1. Entity Name MCI BROKERS, INC.	
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Principal Place of Business 8155 MYSTIC HARBOR CIRCLE BOYNTON BEACH, FL 33436	Mailing Address 8155 MYSTIC HARBOR CIRCLE BOYNTON BEACH, FL 33436
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**DO NOT WRITE IN THIS SPACE**



05072007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0698676	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CALVACCA, MARIANNA  
8155 MYSTIC HARBOR CIRCLE  
BOYNTON BEACH, FL 33436

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

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000770599 07/26/07-80004-015 550.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CALVACCA, MARIANNA 8155 MYSTIC HARBOR DR. BOYNTON BEACH, FL 33436
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marianna Calvacca President 7/24/07 561-7045763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #