2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90181 048 ***150.00

DOCUMENT # P02000092113

1. Entity Name
MCM OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
750 S.W. 34TH STREET SUITE 215 FORT LAUDERDALE, FL 33315	750 S.W. 34TH STREET SUITE 215 FORT LAUDERDALE, FL 33315

04262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1100 LEE WAGENER BLVD.	1100 LEE WAGENER BLVD
Suite, Apt. #, etc. 351	Suite, Apt. #, etc. 351
City & State FORT LAUDERDALE, FLORIDA	City & State FORT LAUDERDALE, FLORIDA
Zip 33315 Country BROWARD	Zip 33315 Country BROWARD

4. FEI Number 03-0524012 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARROSA, CARLOS 6367 NW 19 CT SUNRISE, FL 33313	Name CARLOS LARROSA Street Address (P.O. Box Number is Not Acceptable) 1100 LEE WAGENER BLVD. SUITE 351 City FORT LAUDERDALE FL Zip Code 33315

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________________________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORONO, MARIA 6367 NW 92 CT SUNRISE, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6367 NW 29 CT	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LARROSA, CARLOS 6367 N.W. 29 CT. SUNRISE, FL 33313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: [signature] (CARLOS LARROSA) 4-25-06 954-359-4171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #