


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000092113 1. Entity Name MCM OF SOUTH FLORIDA, INC.	
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Principal Place of Business 1150 LEE WAGENER BLVD. SUITE 106 FORT LAUDERDALE, FL 33315	Mailing Address 1150 LEE WAGENER BLVD. SUITE 106 FORT LAUDERDALE, FL 33315
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0524012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARROSA, CARLOS
1150 LEE WAGENER BLVD
SUITE 106
FORT LAUDERDALE, FL 33315

**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: CARLOS LARROSA Vice-PTE 4-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORONO, MARIA 6367 NW 29 CT SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARROSA, CARLOS 6367 N.W. 29 CT. SUNRISE, FL 33313
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05/23/08-80014-008 150.00

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IN THIS SPACE**

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: CARLOS LARROSA 4-28-08 954-359-4171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #