## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

CITY-ST-ZIP

SIGNATURE:

## Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # P02000127741 MCA OF SOUTH FLA CORP. Principal Place of Business Mailing Address 7430 S.W. 66TH STREET MIAMI FL 33143 7430 S.W. 66TH STREET MIAMI FL 33143 3. Mailing Address 2. Principal Place of Business - No P O. Box # Suite, Apt #, otc. Surte, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 06-1664418 Not Applicable Zip Country 7ip Country \$8.75 Additional 5. Cortificate of Status Desirod 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALVAREZ, MARIA C 7430 S.W. 66TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** Zip Code 8. The above named only 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. (NOTE: Registered Again signature required where reinstating) Signature, typed or printerl name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, THE HITTE Delete ALVAREZ, MARIA C NAME NAME. 7430 S.W. 66TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-7IP CITY - ST- ZIP Change Addition Defete THE NAME STRUET ADDRESS STREET ADDRESS U00000684393 CITY-ST-ZIP 04/06/07-80033-002\_150.00 CITY-ST-7IP Dolote TITLE Addilion HIRE NAME NAME\* STREET ADDRESS STREET ADDRESS CJTY - ST- 7IP CHY+SJ-ZIP ☐ Change Addition TITLE Defete NAMI STREET ADDRESS STREET ADORESS CITY-S1-ZIP CITY-SI-ZIP ☐ Addition Channe Delete HILE Hitt 🛊 NAME NAME. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-7P ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

MARIA C. Alvarez

**FILED**