

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90564 047 ***150.00

DOCUMENT # P03000029743					
1. Entity Name MNC SOURCING SOLUTIONS, INC.					
Principal Place of Business 222 S. PENNSYLVANIA AVENUE SUITE 200 WINTER PARK, FL 32789			Mailing Address 222 S. PENNSYLVANIA AVENUE SUITE 200 WINTER PARK, FL 32789		
2. Principal Place of Business 1545 NW 165 St Suite, Apt. #, etc.		3. Mailing Address 1545 NW 165 St Suite, Apt. #, etc.			
City & State Miami, FL Zip: 33169 Country: Dade		City & State Miami, FL Zip: 33169 Country:		4. FEI Number 59-3770050	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SALTSMAN, ROBERT P 222 S. PENNSYLVANIA AVENUE SUITE 200 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAUGHN, CHARLES 28 SENECA STREET DOBBS FERRY, NY 10522	☐ 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				
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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 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 address, with all other like empowered.					
SIGNATURE: CHARLES VAUGHN, PRESIDENT 4-26-2005 9145529000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40075554



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