


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

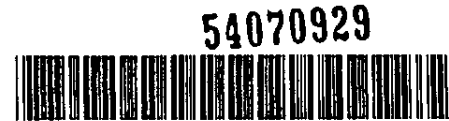
**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90007 001 \*\*\*\*\*8.75  
08-31-2004 90001 015 \*\*\*150.00

<b>DOCUMENT # P03000045297</b>	
1. Entity Name <b>MSA ENTERPRISE GROUP, INC.</b>	

Principal Place of Business <b>5720 LAKE UNDERHILL DR. ORLANDO FL 32807</b>	Mailing Address <b>5720 LAKE UNDERHILL DR. ORLANDO FL 32807</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number <b>MOORE CR2E034 (4/04)</b> <b>20-0004632</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>- SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Ahmad R. Lutfi</i> (NOTE: Registered Agent signature required when reinstating) DATE: <b>07-26-2004</b>	

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUTFI, AHMAD 5720 LAKE UNDERHILL DR. ORLANDO FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Ahmad R. Lutfi</i> SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <b>07-26-2004</b> Daytime Phone #

Attachment 524070929

#D03000045297

Date :- 08-25-2004

To whom It may concern:-

I was told by your office in a letter send to me  
that the penalty was waived to send \$150.00 as  
for Corporation filing fee.

I misplaced the letter. That is why I am writing

this note to you.

Thank you  
Ahmad R. Al-Faraj

copy