2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # P03000081817** 04-16-2007 90050 043 ***150.00 1. Entity Name MSN ASSOCIATES, INC. Principal Place of Business Mailing Address 1133 SOUTH UNIVERSITY DRIVE 1133 SOUTH UNIVERSITY DRIVE **SUITE 212 SUITE 212** PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2662 Riviera Manor PO Box 267745 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04112007 Applied For City & State City & State 4. FEI Number Weston, Weston, Florida Florida 75-3124338 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33332 USA 33326 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NYMAN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1133 SOUTH UNIVERSITY DRIVE 2662 Riviera Manor- **SUITE 212** PLANTATION, FL 33324 Zip Code 33332 City Weston 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 Apr. 13 2007 SIGNATURE. Signature, typed or printed name of stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE € Change TITLE ☐ Delete NYMAN, MICHAEL NAME NAME 1133 SOUTH UNIVERSITY DRIVE SUITE 212 STREET ADORESS STREET ADDRESS 2662 Riviera Manor PLANTATION, FL 33324 CITY-ST-ZIP CITY-ST-ZIP Weston, Florida Change ☐ Addition Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-2IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

April 13 Dour

☐ Change

☐ Addition

FILED