

2004

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90009 011 ***550.00

DOCUMENT # P03000090359

1. Entity Name

MS Cell Corp.

DO NOT WRITE IN THIS SPACE

24082224

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8009 N.W. 36th St.

Suite, Apt. #, etc.

Suite 224

City & State

Doral, FL

3. Mailing Address

8009 N.W. 36th St.

Suite, Apt. #, etc.

Suite 224

City & State

Doral, FL

4. FEI Number

56-2387278

Applied For

Not Applicable

Zip
33166Country
USAZip
33166Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Garcia, Hernan E.

Street Address (P.O. Box Number is Not Acceptable)

10700 N.W. 66th St.

Apt. 209

City
Doral

FL

Zip Code
33178

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

Hernan E. Garcia

8/26/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$41.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Garcia, Hernan E. 10700 N.W. 66th St., Apt. 209 Doral, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Garcia, Carlos, Jr. 10700 N.W. 66th St., Apt. 209 Doral, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rulli, Diego A. 9410 N.W. 12th St. Miami, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rulli, Augusto L. 410 N.W. 12th St. Miami, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Hernan E. Garcia

8/26/04

305-593-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #