2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2006 08:00 AM Secretary of State

			
DOCUMENT # P03000 1. Entity Name MCL INVESTMENTS, CORP.			
Principal Place of Business 1756 SW 8TH ST., STE, #203 MIAMI, FL 33135	Mailing Address 1756 SW 8TH ST., STE. #203 MIAMI, FL 33135		
-			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DO NOT WRITE IN THIS SPACE. 6. Name and Address of Current Registered Agent LARICE, MARIO A				03172008 4. FEI Numb 05-058 5. Certificate	No Chg-P er 17873 of Status Desired	\$8.75 Addition Fee Required	ed For pplicable nal
11930 N. BAYSHORE DR. #503 NORTH MIAMI, FL 33181		DO NOT WRITE IN THIS SPACE					
8. The above the obligation	named entity submits this statement for the points of registered agent.	ourpose of changing its registers	ed office or re	egistered agent, or bo	oth, in the State of Flo	rida. 1 am familiar with, and	r accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	i Agent signatura	required when reinstaling)		DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			·		
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	D LARICE, MARIO A 11930 N. BAYSHORE DR. #503 NORTH MIAMI, FL 33181			·		,	
NAME STREET ADORESS CITY-ST-ZIP					000000 04/13/06-)486018 -80020-015 150	.00
THE MAME STREET ADDRESS CHY-ST-ZIP					NOT W		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		·		IN .	THIS SF	ACE	
HTLE NAME SIREET ADDRESS CHY-ST-ZIP							
NIFLE NAME STREET ADDRESS CHY-ST-ZIP	Λ						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Ffortida 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 attacharted with an address, with all other like empowered.							