2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000098004

1. Entity Name
MCA NETWORK SOLUTIONS CORP



FILED Apr 22, 2008 08:00 AN Secretary of State

Principal Place of Business

24 S.W. 65 AVE MIAMI, FL 33144 Mailing Address

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03272008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1315431

S. Certificate of Status Desired

Applied For
Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOS ANJOS, MANOEL C 6901 NW 112TH AVENUE MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

WII/1911, 1 E	55175		1	IN ,	THIS SPA	ACE	*
	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or re	gistered agent, or be	oth, in the State of Flor	ida. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title to	applicable. (NOTE: Registere	d Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	000000: 05/08/08-6	~~~~~	150.00
10.	OFFICERS AND DIREC	TORS	. , ,	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1. per (14)	CONTRACTOR OF
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVES, MARA REGINA 300-71ST STREET, NO.301 MIAMI BEACH, FL 33141						And the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							The second

12. I hereby certify that the information supplied with this fiting 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 changed, or on an attachment with an address, with all other than the proposed of the corporation of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-2008

786-287-3164

Daytime Phone #