## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000156511

FREED, OWEN S

MIAMI, FL 33130

150 W FLAGLER ST STE 2200

Name:

Address:

City-St-Zip:

Entity Name: MCF GROUP, INC

FILED Mar 20, 2008 Secretary of State

	iidi ivici (	311001 , 1110.						
Current Principal Place of Business:				New Principal Place of Business:				
10481 NW MIAMI, FL	41 STREE 33178 U	T Js						
Current Mailing Address:				New Mailing Address:				
150 W. FL. SUITE 220 MIAMI, FL		JS						
FEI Number:	20-1887189	FEI Numb	per Applied For ( )	FEI Number Not Appl	icable ( )	Certifica	te of Status Desi	red ( )
Name and	Address	of Current Re	gistered Agent:	Name and Address of New Registered Agent:				
SUITE 220	AGLER ST.							
	named ent e of Florida.		s statement for the p	urpose of changing i	ts registered	office or r	egistered agen	t, or both,
SIGNATUR	RE:							
	Elec	tronic Signatu	re of Registered Age	nt			Date	
Election Car	npaign Finan	cing Trust Fund	d Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:		(X) Delete Z, MEDARDO 41 STREET 33178 US		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	DVP OSORIO, C 11263 NW DORAL, FL	77 TERRACE		Title: Name: Address: City-St-Zip:	DP ( OSORIO, CA 11263 NW 77 DORAL, FL 3	TERRACE	( ) Addition	
Title: Name: Address: City-St-Zip:	DST PERAZA, F 11263 NW DORAL, FL	77 TERRACE		Title: Name: Address: City-St-Zip:	DVP ( PERAZA, FEI 11263 NW 77 DORAL, FL 3	TERRACE	( ) Addition	
Title:	AS	( ) Delete		Title:	DS (	X) Change	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

FREED, OWEN'S

MIAMI, FL 33130

150 W FLAGLER ST STE 2200

SIGNATURE: CARLOS OSORIO DP 03/20/2008