2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 AM Secretary of State

DOCUMENT # P04000159832	
1. Entity Name	
MBS INTERNATIONAL INC.	



Principal Place of Business

7329 COLLINS AVE MIAMI BCH, FL 33141 Mailing Address

7329 COLLINS AVE MIAMI BCH, FL 33141



050120 DO NOT WRITE IN THIS SPACE

107 No Chg-P Ci	R2E
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034 (11/05)

4. FEI Number 14-1918345

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIBAI, DON 1560 WASHINGTON AVE. MIAMI BCH, FL 33139					
			DO NOT WRITE IN THIS SPACE		
the obligati	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150,00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIBAI, DON 1580 WASHINGTON AVE. MIAMI BCH, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME					Hrannon754945

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I Jurther 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 like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP THIF NAME STREET ADDRESS CITY-ST-ZIP

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05/22/07-80082-004 150.00