

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-27-2006 90254 024 ***150.00

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1. Entity Name

MST INTERNATIONAL INC.



Principal Place of Business

654 NE 125 ST
NORTH MIAMI FL 33161

Mailing Address

654 NE 125 ST
NORTH MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BAKARE, OMOSANJO A
1761 SW 84 TERR
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

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 ☐ Delete

BAKARE, OMOSANJO A

STREET ADDRESS 1761 SW 84 TERR

CITY- ST- ZIP MIRAMAR FL 33025

TITLE NAME ☐ Delete

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

BAKARE, OMOSANJO A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/2006 (305) 892/8299

Date

Daytime Phone #