

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165261

Entity Name: MCS GENERAL SERVICES, INC.

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

330 SOUTH WYMORE RD  
APT#101  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

330 SOUTH WYMORE RD  
APT#101  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 20-3983249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTILLO LEZCANO, WILFREDO  
330 SOUTH WYMORE RD  
APT#101  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS  
2471 E. SEMORAN BLVD.  
APOPKA, FL 32703 US

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.

SIGNATURE: DANIEL ALVAREZ

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASTILLO LEZCANO, WILFREDO  
Address: 330 SOUTH WYMORE RD, APT#101  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WILFREDO CASTILLO LEZCANO

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date