

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000040650

1. Entity Name
M.C.M. INVESTMENT GROUP, CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 8:45

Principal Place of Business
STE 507 2655 LEJEUNE RD
CORAL GABLES, FL 33134

Mailing Address
STE 507 2655 LEJEUNE RD
CORAL GABLES, FL 33134



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE, FL 33311

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CASCARANO, MICHELE
STREET ADDRESS STE 507 2655 LEJEUNE RD
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE DV
NAME CASCARANO, MAURO
STREET ADDRESS STE 507 2655 LEJEUNE RD
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE DST
NAME CASCARANO, RITA DE
STREET ADDRESS STE 507 2655 LEJEUNE RD
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 an officer-like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Declarer Phone #