


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90223 042 ***150.00

DOCUMENT # P06000048348					
1. Entity Name MSA AUTOMOTIVE CORPORATION					
Principal Place of Business 508 SE 32ND COURT FT. LAUDERDALE, FL 33312			Mailing Address 508 SE 32ND COURT FT. LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box # 508 32nd Court		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FT Lauderdale		City & State		4. FEI Number 20-4632486	
Zip 33316		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DICKERT, CHARLES G SR 215 SE 3RD AVENUE SUITE 5092 C HALLANDALE, FL 33009			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, MARK 2001 NE 47TH COURT FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK HARRISON Consultant 2001 NE 47TH COURT FT. LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DICKERT, CHARLES G SR 215 SE 3RD AVENUE HALLANDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dickert Charles G. Sr. 215 SE 3RD Ave, Suite 502C Hallandale, FL - 33009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DICKERT, CHARLES G SR 215 SE 3RD AVENUE HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DICKERT, CHARLES G 215 SE 3RD AVE., STE. 502 C HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKERT, CHARLES G 215 SE 3RD AVE., STE. 502 C HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EA MCERLANE, BECKY 808 NW 66TH AVE. MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: _____ Charles G. Dickert, President 5/1/08 954-347-0695					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					