

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90053 039 \*\*\*150.00



DOCUMENT # P06000057041

1. Entity Name  
 MSPC HOLDING GROUP, INC

Principal Place of Business  
 10891 NW 122 STREET  
 MEDLEY, FL 33178

Mailing Address  
 10891 NW 122 STREET  
 MEDLEY, FL 33178

4007612



2. Principal Place of Business - No P.O. Box #  
 1345 NW 98 CT.

3. Mailing Address  
 1345 NW 98 CT.

04052008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.  
 Bldg. A # 5

Suite, Apt. #, etc.  
 Bldg. A # 5

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

Zip  
 33172

Zip  
 33172

6. Name and Address of Current Registered Agent

DIEZ, JOSE L  
 5524 NW 74TH AVE  
 MIAMI, FL 33168

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 1345 NW 98 CT.  
 Bldg. A # 5  
 City  
 MIAMI FL Zip Code  
 33172

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

DATE: 4/14/08

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | DIEZ, JOSE L           |                                 |
| STREET ADDRESS | 199 OCEAN DRIVE, #600  |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE, FL 33149 |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | ARENAS, CARLOS         |                                 |
| STREET ADDRESS | 11226 NW 59TH TERRACE  |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33178        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                  |   |
|----------------|------------------|---|
| TITLE          | P/S              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio |
| NAME           |                  |   |
| STREET ADDRESS |                  |   |
| CITY-ST-ZIP    |                  |   |
| TITLE          | VP/IT            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio |
| NAME           |                  |   |
| STREET ADDRESS | 6961 NW 111 AVE. |   |
| CITY-ST-ZIP    | DORAL, FL 33178  |   |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Additio            |
| NAME           |                  |   |
| STREET ADDRESS |                  |   |
| CITY-ST-ZIP    |                  |   |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Additio            |
| NAME           |                  |   |
| STREET ADDRESS |                  |   |
| CITY-ST-ZIP    |                  |   |
| TITLE          |                  | <input type="checkbox"/> Change <input type="checkbox"/> Additio            |
| 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: *[Signature]* DATE: 4/14/08 (305) 499-9018