2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2008 08:00 All Secretary of State DOCUMENT # P06000061513 1. Entity Name MC PRODUCTION SERVICES CORP Principal Place of Business Mailing Address 6343 SW 33RD STREET 6343 SW 33RD STREET MIAM!, FL 33155 MIAMI, FL 33155 04102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4807553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CARDENAS, MAYRA DO NOT WRITE **6343 SW 33RD STREET** MIAMI, FL 33155 IN THIS SPACE 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 U00000903884 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/30/08-80063-021 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CARDENAS, MAYRA NAME 6343 SW 33RD STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

NAME STREET ADDRESS CITY-ST-ZIP

FILED