

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091072

FILED
Apr 30, 2008
Secretary of State

Entity Name: MBS PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

86125 EVERGREEN PLACE
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

86125 EVERGREEN PLACE
YULEE, FL 32097

New Mailing Address:

FEI Number: 20-5180922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOCKMEDIA CORPORATION
9766 OLD ST. AUGUSTINE RD
#2
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DA SILVA, MARCELO B
Address: 86111 EVERGREEN PLACE
City-St-Zip: YULEE, FL 32097

Title: VP () Delete
Name: DA SILVA, ELIANE B
Address: 86111 EVERGREEN PLACE
City-St-Zip: YULEE, FL 32097

Title: S () Delete
Name: DA SILVA, SILESIO
Address: 86111 EVERGREEN PLACE
City-St-Zip: YULEE, FL 32097

Title: S () Delete
Name: LARROSSA, LUIS A BRUN
Address: 3451 SALAND WAY
City-St-Zip: JACKSONVILLE, FL 32246

Title: S () Delete
Name: PAIVA, WALTAIR
Address: 4915 BAYMEADOWS RD #3F
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARCELO B DASILVA

P

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date