

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154216

Entity Name: MOHSEN SAID CORP

FILED  
Sep 05, 2007  
Secretary of State

## Current Principal Place of Business:

6649 MISSION CLUB BLVD  
SUITE # 101  
ORLANDO, FL 32821 US

## Current Mailing Address:

6649 MISSION CLUB BLVD  
SUITE # 101  
ORLANDO, FL 32821 US

## New Principal Place of Business:

6715 MISSION CLUB BLVD  
SUITE # 101  
ORLANDO, FL 32821 US

## New Mailing Address:

6715 MISSION CLUB BLVD  
SUITE # 101  
ORLANDO, FL 32821 US

FEI Number: 20-8058546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSON, CAROLINE  
8818 COMMODITY CR  
SUITE 40  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

LARSON ACCOUNTING CONSULTING SV LLC  
8818 COMMODITY CR  
SUITE 40  
ORLANDO, FL 32819 US

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: CAROLINE LARSON

09/05/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SAID, MOHSEN  
Address: 6649 MISSION CLUB BLVD  
City-St-Zip: SUITE # 101, FL 32821 US

Title: T ( ) Delete  
Name: OLIVEIRA, EDUARDO H  
Address: 6649 MISSION CLUB BLVD  
City-St-Zip: SUITE 101, FL 32821 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OLIVEIRA, ALMANDO C  
Address: RUA DR EDGAR DE SOUZA, 420  
City-St-Zip: SAO PAULO, SP 01000 BR

Title: T (X) Change ( ) Addition  
Name: OLIVEIRA, WAGNER  
Address: RUA DR EDGAR DE SOUZA, 420  
City-St-Zip: SAO PAULO, SP 01000 BR

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: ALMANDO CRUZ OLIVEIRA

P

09/05/2007

Electronic Signature of Signing Officer or Director

Date