

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000011750

Entity Name: M S MODELING, INC

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1555 NEPTUNE RD  
KISSIMMEE, FL 34744

## **New Principal Place of Business:**

4698 CHEYENNE POINT  
KISSIMMEE, FL 34746

## **Current Mailing Address:**

1555 NEPTUNE RD  
KISSIMMEE, FL 34744

## **New Mailing Address:**

4698 CHEYENNE POINT  
KISSIMMEE, FL 34746

FEI Number: 20-8315310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM, INC  
813 DELTONA BLVD STE A  
BOX 1378874  
DELTONA, FL 32725 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

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: SKVRNA, MILAN  
Address: 4698 CHEYENNE POINT  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP  
Name: LOPEZ, JOSE  
Address: 1080 S HOAGLAND BLVD  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: MILAN SKVRNA

P

01/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date