2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 20, 2008 8:00 am
Secretary of State

04-17-2008 90027 008 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P07000078186

1. Entity Name

MCA OF SOUTH FLORIDA FINANCIAL CORP.

Principal Place of Business	Mailing Address
~~7430 SW 66 ST MIAMI FL 33143~~ new address	PO BOX 832795 MIAMI FL 33283

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9840 SW 146 St	Same Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State
Zip: 33174 Country: Dade	Zip Country

4. FEI Number: 36-4611827 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, OSCAR A
7430 SW 66 ST
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name: Maria C. Alvarez
Street Address (P.O. Box Number is Not Acceptable): 9840 SW 146 St
City: Miami FL Zip Code: 33176

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 X [signature] 4/1/2008 (NOTE: Registered Agent signature required when reinstating) [signature] Vice-President DATE 4/1/2008.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	ALVAREZ, OCASR A	
STREET ADDRESS	7430 SW 66 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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 Section 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: X [signature] 4/1/2008 (786) 395-5563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #