

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096044

FILED
Feb 03, 2009
Secretary of State

Entity Name: MINORITY CAPITAL GAINS OF AMERICA, INC.

Current Principal Place of Business:

4132 BRIARFOREST RD W
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

1995 WAGES WAY
JACKSONVILLE, FL 32218 US

Current Mailing Address:

4132 BRIARFOREST RD W
JACKSONVILLE, FL 32277 US

New Mailing Address:

1995 WAGES WAY
JACKSONVILLE, FL 32218 US

FEI Number: 26-3596241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, CLESTON II
4132 BRIARFOREST RD W
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

ROBERTS, CLESTON II
1995 WAGES WAY
JACKSONVILLE, FL 32218 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: CLESTON ROBERTS II

02/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, CLESTON II
Address: 4132 BRIARFOREST RD W
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERTS, CLESTON II
Address: 1995 WAGES WAY
City-St-Zip: JACKSONVILLE, FL 32218

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: CLESTON ROBERTS II

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date