

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000088085

Entity Name: MCP 417 CORP.

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20 ISLAND AVENUE  
UNIT # 147  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

20 ISLAND AVENUE  
UNIT # 417  
MIAMI BEACH, FL 33139

**New Mailing Address:**

PO BOX 7983  
NAPLES, FL 34101

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVE  
CORAL GABLES, FL 33134 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: D  
Name: LEGAULT, MARIE-CLAIRE  
Address: 20 ISLAND AVENUE, UNIT 417  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D  
Name: LEGAULT, PIERRE  
Address: 20 ISLAND AVENUE, UNIT 417  
City-St-Zip: MIAMI BEACH, FL 33139

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: MARIE CLAIRE LEGAULT

MS

02/20/2011

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

\_\_\_\_\_  
Date