2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27765

FILED Jan 06, 2009 Secretary of State

Entity Name: MNS OF MIAMI, INC. **Current Principal Place of Business: New Principal Place of Business:** 1200 ELMWOOD PRK BLVD STE 200 NEW ORLEANS, LA 70123 US **New Mailing Address: Current Mailing Address:** POB 11270 NEW ORLEANS, LA 70181 US FEI Number: 72-1154207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALLACE, MARK 3301 CORÁL WAY, #L-14 MIAMI, FL 33145 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition SOLOMON, GARY N PRES SOLOMON, GARY N PRES Name: Name: 302 W WILLIAM DAVID PKWY 302 W WILLIAM DAVID Address: Address: City-St-Zip: METAIRIE, LA 70005 City-St-Zip: METAIRIE, LA 70005

Title: () Delete SOLOMON, GARY N., Name:

302 W WILLIAM DAVID Address: METAIRIE, LA 70005 City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

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: GARY N SOLOMON **PRES** 01/06/2009