## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000028249

Entity Name: M.S.A. INVESTMENT CORP.

( ) Delete

COHEN, STANLEY

4301 SANDERS ST.

HOLLYWOOD, FL 33021

Title:

Name:

Address:

City-St-Zip:

**FILED** Mar 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2324-2390 HAYES ST. HOLLYWOOD, FL 33020 **Current Mailing Address: New Mailing Address:** C/O BELLINI 2782 N.E. 187 ST. N. MIAMI BEACH, FL 33180 FEI Number: 65-0494004 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: COHEN, CAROL 4301 SANDERS ST. HOLLYWOOD, FL 33021 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition COHEN, MICHAEL COHEN, MICHAEL Name: Name: 4301 SANDERS ST. 157 FIESTA WAY Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: FT LAUDERDALE, FL 33301 Title: Title: () Delete () Change () Addition Name: COHEN, ALLAN Name: 4301 SANDERS ST. Address: Address: HOLLYWOOD, FL 33021 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL COHEN MR 03/10/2006

() Change () Addition