

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90003 037 ***550.00

DOCUMENT # P94000091877

1. Entity Name
MSE SYSTEMS, INC.



40113764

Principal Place of Business
**603 VERONA ST
KISSIMMEE, FL 34741 US**

Mailing Address
**603 VERONA ST
KISSIMMEE, FL 34741 US**

2. Principal Place of Business - No P.O. Box #
603 Verona Street

3. Mailing Address
603 Verona Street

Suite, Apt. #, etc.
Kissimmee, FL

Suite, Apt. #, etc.
Kissimmee, FL

City & State
Kissimmee, FL

City & State
Kissimmee, FL

Zip
34741

Country
USA

Zip
34741

Country
USA

08052008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3284698

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**RODRIGUEZ, JOSEPH E
13558 FALCON POINTE DR
ORLANDO, FL 32837
(Old Address)**

7. Name and Address of New Registered Agent
Name **Joseph E. Rodriguez**
Street Address (P.O. Box Number is Not Acceptable)
**235 Goldenrain Drive, Apt. #2103
Celebration FL Zip 34747**

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 *Joseph E. Rodriguez* DATE **8/14/08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, JOSEPH E		NAME		
STREET ADDRESS	603 VERONA ST		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Joseph E. Rodriguez* DATE **8/14/08** DAYTIME PHONE **(407) 931-1221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR