


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90055 018 \*\*\*150.00

<b>DOCUMENT # P95000005328</b>	
1. Entity Name <b>M.S.B. FINANCIAL SERVICES, INC.</b>	

Principal Place of Business	Mailing Address

2. Principal Place of Business - No P.O. Box # <b>5645 Coral Ridge Dr.</b>		3. Mailing Address <b>5645 Coral Ridge Dr.</b>	
Suite, Apt. #, etc. <b>281</b>		Suite, Apt. #, etc. <b>281</b>	
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>	
Zip <b>33076</b>	Country	Zip <b>33076</b>	Country



02242007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>BRODER, MARC S</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) <b>5645 Coral Ridge Dr. Suite 281</b>	
		City <b>Coral Springs</b>	
		FL Zip Code <b>33076</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODER, MARC S 2141 N UNIVERSITY DR, STE 302 CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Broder, Marc 5645 Coral Ridge Dr. Suite 281 Coral Springs, FL 33076 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **3-2-07** **954-255-0847**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #