


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # V02556	
1. Entity Name M.S.C.I. HOLDINGS, INC.	

Principal Place of Business 156 KEY HEIGHTS DRIVE TAVERNIER, FL 33070	Mailing Address 156 KEY HEIGHTS DRIVE TAVERNIER, FL 33070
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DO NOT WRITE IN THIS SPACE



05172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0303558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDFINGER, DAVID A.
156 KEY HEIGHTS DRIVE
TAVERNIER, FL 33070

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDFINGER, DAVID A 156 KEY HTS DRIVE TAVERNIER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLDFINGER, TOBY 156 KEY HTS DRIVE TAVERNIER, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/9/04 Daytime Phone #: 852-9315