

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90025 011 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V31139			
1. Entity Name M & S, INC.			
Principal Place of Business 12801 WEST SUNRISE BLVD F709 SUNRISE, FL 33323 US		Mailing Address 581 NW 65TH AVENUE PLANTATION, FL 33317 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04252008		Chg-P CR2E034 (12/06)	
4. FEI Number 65-0404538		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		7. Name and Address of New Registered Agent	
KURZWEIL, DANIEL 581 NW 65TH AVENUE PLANTATION, FL 33317		Name SCOTT WIDELITZ Street Address (P.O. Box Number is Not Acceptable) 4969 NW 115 Way Coral Springs, FL 33076	
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 of agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2008, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADELSTEIN, MITCH 9561 NW 11TH ST PLANTATION, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WIDELITZ, SCOTT 4969 NW 115 WAY CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KURZWEIL, DANIEL 581 NW 65TH AVENUE PLANTATION, FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAFAEL, RUSSELL 107 BRIARCLIFF DR. MORGANVILLE, NJ 07751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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 authority to be empowered.			
SIGNATURE:  v.p. SCOTT WIDELITZ		Date 4-29-08 Daytime Phone # 954-554-7228	