


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000073300

1. Entity Name
 MCA INVESTMENT INC.



Principal Place of Business
 601 BRICKELL KEY DR.,
 SUITE 201
 MIAMI, FL 33131-2651

Mailing Address
 601 BRICKELL KEY DR.,
 SUITE 201
 MIAMI, FL 33131-2651



02032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0778087	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

GUTIERREZ, RENALDY J
 601 BRICKELL KEY DR.,
 SUITE 201
 MIAMI, FL 33131-2651

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ARGUINDEGUI, CARLOS G AVENIDA DE MAYA 881 TERCER PISO BUENOS AIRES, AR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUTIERREZ, RENALDY 601 BRICKELL KEY DRIVE SUITE 201 MIAMI, FL 33131
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 03/09/06 60043-011 150.00

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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: *Renaldy J Gutierrez* ASSISTANT SECRETARY 2-2406(301) 577-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Cayman Phone # _____