2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State
03-13-2003 90103 040 ***150.00

DOCUMENT # P02000114835

1. Entity Name
INVERSIONES AM INC.
MG CORP.

Principal Place of Business	Mailing Address
1800 SW 1ST STREET #209 MIAMI FL 33135	1800 SW 1ST STREET #209 MIAMI FL 33135

2. Principal Place of Business	3. Mailing Address
4709 NW 79 ave	4709 NW 79 ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, Fla.	City & State: MIAMI, Fla
Zip: 33166 Country: USA	Zip: 33166 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 06-1655498 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUZMAN & ASSOCIATES, INC.
% JOSEPHINE GUZMAN CLA
6760 NW 37TH AVENUE #A
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name: GUZMAN & ASSOCIATES, Inc.
Street Address (P.O. Box Number is Not Acceptable): 5040 NW 7ST #610
AIRPORT M BUILDING.
City: MIAMI FL Zip Code: 33126.

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: _____ 3/10/03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DE ABREU, FRANCISCO 6760 NW 37TH AVENUE #A MIAMI FL 33147	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOEGA, ROBERTO 6760 NW 37TH AVENUE #A MIAMI FL 33147	☐ Delete	President / DIRECTOR ROBERTO MOEGA 4709 NW 79 ave MIAMI, FL 33166.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MIGUEL GIFFONI - VP 4709 NW 79 ave MIAMI, FL 33166.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 REQUIRED 3/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

11/05/02 TUE 18:25 FAX 516 447 4991 IRS 001

Attachment 10038261

#P02000114835

GUZMAN & ASSOC.

Memo

REQUEST for SS4

To: TELE-TIN UNIT
From: Josephine Guzman CLA
CC: Laura M. Pruna, Esq.
Date: 10/28/02
Re: SS4 application

Faxed to: 1-631-447-3960
Phones: 1-678-530-7236 Ms Miller or 1-866-816-2065
PAGES 11
FOR: INVERSIONES AM INC.

WE ARE FILING THE FOLLOWING SS4 APPL. If mailed: Brookhaven Campus
Attn: EIN Operations
Holtsville, NY 00501

Please find enclosed the following:

1- SS4 application
2- 2848 Power of Attorney Form IRS properly signed and executed by client
3- Articles of Incorporation
4- State Department Certificate

Please forward either Mail, Fax or E-Mail to: GUZMANIMMIG@AOL.COM

Sincerely,

Josephine Guzman CLA

GUZMAN & ASSOCIATES, INC.
1800 SW 1 Street Suite # 209
Miami, Florida 33135
Tel: (305) 644-8622
Fax: (305) 649-3059

06-1655498

Form **SS-4** (Rev. April 2000) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)
Keep a copy for your records.

EIN 06-1655498
OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions): INVERSIONES AM INC.
2 Trade name of business (if different from name on line 1): Inversiones Am Inc.
3 Executor, trustee, "care of" name: Guzman & Associates c/o Josephine Guzman CLA
4a Mailing address (street address) (room, apt., or suite no.): 1800 SW 1st #209
5a Business address (if different from address on lines 4a and 4b): 6760 NW 37 Ave #2
4b City, state, and ZIP code: Miami, Fla 33135
5b City, state, and ZIP code: Miami, FL 33147
6 County and state where principal business is located: Miami-Dade County - Florida
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions): Roberto Morga 408-70-0446

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify)
- ☒ Other (specify) New Corporation
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Other corporation (specify)
- ☐ Trust
- ☐ Federal government/military (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State n/a Foreign country n/a

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) Sales 10/02
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type)
- ☐ Banking purpose (specify purpose)
- ☐ Changed type of organization (specify new type)
- ☐ Purchased going business
- ☐ Created a trust (specify type)
- ☐ Other (specify)

10 Date business started or acquired (month, day, year) (see instructions): 10/28/02
11 Closing month of accounting year (see instructions): 10/31/03
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year): TBA
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions): Nonagricultural 0 Agricultural 0 Household 0
14 Principal activity (see instructions): Sales - Merchandise
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used: ☐ Yes ☒ No
16 To whom are most of the products or services sold? Please check one box. ☒ Public (retail) ☐ Other (specify) ☐ Business (wholesale) ☐ N/A
17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. ☐ Yes ☒ No
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name: N/a Trade name: N/a
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year): N/a City and state where filed: N/a Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code): (305) 644-8622
Fax telephone number (include area code): (305) 649-3059

Name and title (Please type or print clearly): Roberto Morga VP/Director

Signature: [signature] Date: 10/28/02

Note: Do not write below this line. For official use only.

Please leave blank: Geo. | Ind. | Class | Size | Reason for applying

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 16055N Form SS-4 (Rev. 4-2000)