## **2**006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000065973

MG MARTIAL ARTS & SPORT CENTER CORP.



**FILED** Apr 06, 2006 08:00 AM Secretary of State

Principal Place of Business

3911 E 4TH AVE HIALEAH, FL 33013 Mailing Address

-- 3911 E 4TH AVE HIALEAH, FL 33013



## DO NOT WRITE IN THIS SPACE

03282008 No Chg-P CR2E034 (11/05)

4. FEt Number 20-1023559

Applied Far Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, NUBIA 3911 E 4TH AVE HIALEAH, FL 33013

SIGNATURE:

## DO NOT WRITE

·			IN THIS SPACE		
8. The above the obligation	e named entity submits this statement for the pations of registered agent.	urpase of changing its register	ed office or	registered agent, or br	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, tyreed or printed name of registered open and life if appRoable. (NOTE: Registered			d Agent signature required when reinstating) DATE		
F)L After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, NUBIA 3911 E 4TH AVE HIALEAH, FL 33013				 U00000493338 04/20/06-80026-006 150.00
TITCE NAME STREET ADDRESS CITY-ST-ZIP	D OCHOA, MIGUEL 3911 E 4TH AVE HIALEAH, FL 33013				017 237 10 13023 030 103730
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		•	·•
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the correctional control of the corrections of the correctio	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exe no accurate and that my signat to execute this report as reguli other like empowered.	mptions course shall have by Chap	ntained in Chapter 11 ve the same legal effe tier 607, Florida Statut	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

PED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR