


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90344 013 \*\*\*150.00

<b>DOCUMENT # P96000100382</b>					
<b>1. Entity Name</b> MRAG AMERICAS, INC.					
<b>Principal Place of Business</b> 110 SOUTH HOOVER BLVD STE 212 TAMPA FL 33609 US			<b>Mailing Address</b> 6714 113TH AVE TAMPA FL 33617 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 6325 Jacqueline Arbor Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Temple Terrace, FL			
Zip	Country	Zip 33617	Country	<b>4. FEI Number</b> 65-0735910 <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable                 </div>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE CR2E034 (11/03)	
<b>6. Name and Address of Current Registered Agent</b> DRUMMOND, TEMPLE H 6714 113TH AVE TAMPA FL 33617			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable) 6325 Jacqueline Arbor Drive			Street Address (P.O. Box Number is Not Acceptable) 6325 Jacqueline Arbor Drive		
City Temple Terrace			City Temple Terrace		
State FL			State FL		
Zip Code 33617			Zip Code 33617		
<b>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.</b>					
SIGNATURE <u>Temple H. Drummond</u> <u>Temple H. Drummond</u> <u>2/17/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BEDDINGTON, JOHN R 47 PRINCE'S GATE LONDON SW 7 2QA UNITED KINGD		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rosenberg, Andrew A 65 Eastern Avenue, Unit B2C Essex, MA 01929	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKES, GRAEME 110 SOUTH HOOVER BLVD TAMPA FL 33609-3437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Minnes, Christopher H. 110 South Hoover Blvd, Suite 212 Tampa, FL 33609 - 2458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			4/8/04 813-639-9519 <small>Date Daytime Phone #</small>		