

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90212 021 \*\*\*150.00

**DOCUMENT # F01000003832**

1. Entity Name

M & G DUCAT INVESTMENTS LIMITED INC.



Principal Place of Business

8311 NW 46TH STREET  
LAUDERHILL FL 33351

Mailing Address

8311 NW 46TH STREET  
LAUDERHILL FL 33351

24069330

2. Principal Place of Business

8736 VIA REMO 3  
Suite, Apt. #, etc.  
BOCA RATON

3. Mailing Address

8736 VIA REMO 3  
Suite, Apt. #, etc.  
BOCA RATON

City & State

FL. 33496

City & State

BOCA RATON

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCLAREN, MICHAEL  
8311 N.W. 46TH STREET  
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name: MICHAEL MCLAREN

Street Address (P.O. Box Number is Not Acceptable)

8736 VIA REMO 3

City: BOCA RATON FL Zip Code: 33496

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, 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, 2004 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

TITLE: P ☐ Delete  
NAME: MCLAREN, MICHAEL  
STREET ADDRESS: MOUNT CLARE HEIGHTS/PO BOX 475/MAY PEN  
CITY-ST-ZIP: JAMAICA WEST INDIES

TITLE: S ☐ Delete  
NAME: MINOTT, WINSOME  
STREET ADDRESS: 12 KINGSLYN AVENUE/KINGSTON 1/JAMAICA  
CITY-ST-ZIP: WEST INDIES

TITLE: T ☐ Delete  
NAME: THOMAS, DWIGHT  
STREET ADDRESS: PALMERS CROSS/MAY PEN/JAMAICA  
CITY-ST-ZIP: WEST INDIES

TITLE: CD ☐ Delete  
NAME: MCLAREN, GWENTH R  
STREET ADDRESS: MOUNT CLARE HEIGHTS/PO BOX 475/MAY PEN  
CITY-ST-ZIP: JAMAICA WEST INDIES

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:   
CITY-ST-ZIP:

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STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 17 2004

Date

Daytime Phone #