

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M36860

Entity Name: MGCP, INC.

Current Principal Place of Business:

121 ALHAMBRA PLAZA
PENTHOUSE 1, STE 1600
CORAL GABLES, FL 33134

Current Mailing Address:

121 ALHAMBRA PLAZA
PENTHOUSE 1, STE 1600
CORAL GABLES, FL 33134

FEI Number: 59-2702958

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RENTZ, R LARRY
121 ALHAMBRA PLZ, PH I, STE 1600
CORAL GABLES, FL 33134 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PD
Name MORRIS, W. ALLEN
Address 121 ALHAMBRA PLAZA, PH I, SUITE 1600
City-State-Zip: CORAL GABLES FL 33134

Title D
Name BELL, JAMES FJR.
Address 1160 JOHNSON FERRY ROAD
City-State-Zip: ATLANTA GA 30319

Title T
Name GIL, YAZMIN
Address 121 ALHAMBRA PLAZA, PH I, SUITE 1600
City-State-Zip: CORAL GABLES FL 33134

Title V
Name RENTZ, R. LARRY
Address 121 ALHAMBRA PLAZA, PH I, SUITE 1600
City-State-Zip: CORAL GABLES FL 33134

Title V
Name GRAHAM, DALE I
Address 121 ALHAMBRA PLAZA, PH I, SUITE 1600
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: YAZMIN GIL

TREASURER

01/23/2013

Electronic Signature of Signing Officer/Director Detail

_____ Date