

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000030051

**Entity Name:** MGMT MANAGEMENT, INC.

**Current Principal Place of Business:**

104 CRANDON BLVD.  
SUITE 327  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

104 CRANDON BLVD.  
SUITE 327  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 46-2508225

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KOVACS, GREGOR  
104 CRANDON BLVD SUITE 327  
KEY BISCAYNE, FL 33149 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 P  
Name KOVACS, GREGOR  
Address 550 OCEAN DR. APT.6C  
City-State-Zip: KEY BISCAYNE FL 33419

Title VP  
Name KOVACS, GREGOR  
Address 550 OCEAN DR. APT.6C  
City-State-Zip: KEY BISCAYNE FL 33419

Title SEC  
Name KOVACS, GREGOR  
Address 301 SUNRISE DRIVE, APT. 3AW  
City-State-Zip: KEY BISCAYNE FL 33419

Title TRES  
Name KOVACS, GREGOR  
Address 301 SUNRISE DRIVE, APT. 3AW  
City-State-Zip: KEY BISCAYNE FL 33419

Title DIR  
Name KOVACS, GREGOR  
Address 301 SUNRISE DRIVE, APT. 3AW  
City-State-Zip: KEY BISCAYNE FL 33419

*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:** GREGOR KOVACS

**PRESIDENT**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date