

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 535419

FILED
Apr 06, 2004
Secretary of State

Entity Name: M.G. LARRK, INC.

Current Principal Place of Business:

C/O KRONGOLD & BASS
201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

New Principal Place of Business:

C/O KRONGOLD & BASS
201 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES, FL 33134

Current Mailing Address:

C/O KRONGOLD & BASS
201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

New Mailing Address:

C/O KRONGOLD & BASS
201 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES, FL 33134

FEI Number: 59-1748879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRONGOLD, M. RONALD
201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

KRONGOLD, M. RONALD
201 ALHAMBRA CIRCLE, SUITE 801
CORAL GABLES, FL 33134

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:

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRONGOLD, M. RONALD,
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL

Title: S () Delete
Name: KRONGOLD, GLENDA
Address: 201 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: KRONGOLD, RANDI M
Address: 201 ALHAMBRA CIRCLE, STE 801
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: M. RONALD KRONGOLD

PD

04/06/2004

Electronic Signature of Signing Officer or Director

Date