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	Mailing Address
8311 NW 46TH STREET LAUDERHILL FL 33351	8311 NW 46TH STREET LAUDERHILL FL 33351

Z9069330

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
8736 VIA REALE 3	8736 VIA REALE 3
Suite, Apt. #, etc. BOCA RATON	Suite, Apt. #, etc.
City & State FL. 33496	City & State BOCA RATON
Zip Country	Zip FL. 33496 Country

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 REALE 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCLAREN, MICHAEL MOUNT CLARE HEIGHTS/PO BOX 475/MAY PEN JAMAICA WEST INDIES	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MINOTT, WINSOME 12 KINGSLYN AVENUE/KINGSTON 1/JAMAICA WEST INDIES	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMAS, DWIGHT PALMERS CROSS/MAY PEN/JAMAICA WEST INDIES	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCLAREN, GWENTH R MOUNT CLARE HEIGHTS/PO BOX 475/MAY PEN JAMAICA WEST INDIES	☐ 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

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: _____ APRIL 17 2004.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #