# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F62301

Entity Name: M.G. DEVELOPERS, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal	Place of Business:
- union in incorpar i incorpar	

1920 E HALLANDALE BEACH BOULEVARD 1920 E HALLANDALE BEACH BLVD

SUITE 708 708

HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 US

**Current Mailing Address:** New Mailing Address:

1920 E. HALLANDALE BEACH BOULEVARD 1920 E. HALLANDALE BEACH BLVD

SUITE 708

HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 US

FEI Number: 59-2164772 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

#### Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MOISES GORIN MOISES GORIN

1920 E. HALLANDALE BEACH BOULEVARD 1920 E. HALLANDALE BEACH BLVD

SUITE 708 708

HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009 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: MOISES GORIN 04/29/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

### **OFFICERS AND DIRECTORS:**

HALLANDALE, FL 33009

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition

GORIN, MOISES, Name: Name: 1920 E. HALLANDALE BEACH BOULEVARD Address: Address:

City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip:

DV Title: Title: () Delete () Change () Addition

ANA, GORIN Name: Name: HALLANDALE BCH BLVD #708 Address: Address: HALLANDALE BEACH, FL 33009 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete () Change () Addition

GORIN, ISAAC Name: Name: 1920 E HALLANDALE BEACH BLVD Address: 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.

City-St-Zip:

SIGNATURE: MOISES GORIN DP 04/29/2004