


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # F94000005524</b>            |  |
| 1. Entity Name<br>MG TRANSPORTATION CORP. |   |

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|--|--|
| Principal Place of Business<br>C/O GRUSS AND CO<br>667 MADISON AVENUE<br>NEW YORK, NY 10021 US | Mailing Address<br>C/O GRUSS AND CO<br>667 MADISON AVENUE<br>NEW YORK, NY 10021 US |
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01042005 No Chg-P CR2E034 (10/03)

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|--|--|
| 4. FEI Number<br>65-0524076  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

**DO NOT WRITE IN THIS SPACE**

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|---|
| 6. Name and Address of Current Registered Agent<br><br>NATIONAL CORPORATE RESEARCH, LTD., INC.<br>103 N. MERIDIAN STREET<br>TALLAHASSEE, FL 32301 |
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees.

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GRUSS, MARTIN<br>667 MADISON AVENUE<br>NEW YORK, NY 10021  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VST<br>GUBERMAN, HOWARD<br>667 MADISON AVE<br>NEW YORK, NY 10021 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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01/21/05-80003-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Howard Guberman **HOWARD GUBERMAN**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_