

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90013 034 ***150.00

DOCUMENT # K81947

1. Entity Name

MWG COMPANY, INC.



Principal Place of Business

10655 SW 185 TERR.
MIAMI FL 33157
US

Mailing Address

PO BOX 97-1643
MIAMI FL 33197
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

65-0207998

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LANE, PAUL J.
2415 N. UNIVERSITY DR
CORAL SPRINGS FL 33065~~

Name

Ned Scheer

Street Address (P.O. Box Number is Not Acceptable)

10655 SW 185 Terrace

City

Miami

FL

Zip Code

33157

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

Ned Scheer *Ned Scheer*

2/18/08

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when appointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	P	☒ Delete
NAME	GWINN, JEAN	
STREET ADDRESS	626 E RIDGE VILLAGE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	SCHEER, NED C.	
STREET ADDRESS	10655 S.W. 185TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	☒ Change ☐ Addition
NAME		
STREET ADDRESS	10665 SW 185 Terrace	
CITY-ST-ZIP		
TITLE	Judy Scheer DVP	☐ Change ☒ Addition
NAME		
STREET ADDRESS	10665 SW 185 Terrace	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Stephen Scheer D	☐ Change ☒ Addition
NAME		
STREET ADDRESS	10665 SW 185 Terrace	
CITY-ST-ZIP	Miami, FL 33157	
TITLE	Lori Scheer D	☐ Change ☒ Addition
NAME		
STREET ADDRESS	10665 SW 185 Terrace	
CITY-ST-ZIP	Miami, FL 33157	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Ned Scheer *Ned Scheer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/18/08 *305-253-8323*