


FILED  
05 MAY -4 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L02000019810</b>			
1. Entity Name <b>MGA GROUP, LLC</b>		MAY - 4 AM 10:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1800 SW 27 AVE. #502 MIAMI, FL 33145</b>		Mailing Address <b>1800 SW 27 AVE. #502 MIAMI, FL 33145</b>	
2. Principal Place of Business <b>Suite 207</b>		3. Mailing Address <b>Suite 207</b>	
Suite, Apt. #, etc. <b>Suite 207</b>		Suite, Apt. #, etc. <b>Suite 207</b>	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SANCHEZ, MARIO JR 1800 SW 27 AVE. #502 MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent <b>1800 SW 27 AVE - Suite 207 FL Zip Code</b>	
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: <i>[Signature]</i> DATE: <b>4/29/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>MGRM SANCHEZ, MARIO JR. 1800 SW 27 AVE #502 MIAMI, FL 33145</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>1800 SW 27 AVE - Suite 207</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>MGRM PEREZ, GUILLERMO 9240 SW 72ND ST. SUITE 202 MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>100054303261 05/12/05--01005--001 **\$50.00</b>	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: <b>4/29/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>			