

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000004750 1. Entity Name MZ. GOOSE, INC.	
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Principal Place of Business 10203 S.W. 169 TERRACE MIAMI, FL 33157	Mailing Address 10203 S.W. 169 TERRACE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0522787	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAGE, HELEN H
10203 S.W. 169 TERRACE
MIAMI, FL 33157

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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 _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAGE, ALICIA 10203 SW 169 TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORBES, FRACIS 12257 S.W 201 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO GAGE, HELEN 10203 SW 169 TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SIMMS, JACQUELYN 16920 SW 107 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, ELAINE 440 N.W. 122 ST. N. MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/07/04-80021-016 70.00

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 617, 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: Helen Gage 7/2/04 (305)251-2458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #