


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90411 017 ***150.00

DOCUMENT # P00000078834 1. Entity Name MACGOR, INC.	
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Principal Place of Business 12000 BISCAYNE BLVD. #505 NORTH MIAMI, FL 33181	Mailing Address 12000 BISCAYNE BLVD. #505 NORTH MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE

02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1010260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MERRITT, ROGER J ESQ
STE 218, 300 41ST ST
MIAMI BEACH, FL 33140**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, JACK 12000 BISCAYNE BLVD., SUITE 505 NORTH MIAMI, FL 331812725
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACPHERSON GORDON, MYRA 12000 BISCAYNE BLVD., STE. 505 NORTH MIAMI, FL 331812725
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

305 987 6671
Daytime Phone #