

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90025 034 ***150.00

DOCUMENT # P00000079716

1. Entity Name

MGA & ASSOCIATES, INC.



Principal Place of Business

281 S.W. 23 ROAD
MIAMI FL 33129

Mailing Address

PO BOX 453208
MIAMI FL 33245

2. Principal Place of Business

2929 SW 3rd Ave
Suite, Apt. #, etc.
MIAMI FL
City & State

3. Mailing Address

Suite, Apt. #, etc.
City & State



MOORE

CR2E034 (11/03)

4. FEI Number

65-1059669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUIRRE, MIRTHA
281 S.W. 28 ROAD
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

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

2929 SW 3rd Ave Suite 502

MIAMI FL

City

MIAMI FL

Zip Code

33129

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	D	☐ Delete
NAME	AGUIRRE, MIRTHA G	
STREET ADDRESS	281 S.W. 28 ROAD	2929 SW 3rd Ave # 502
CITY-ST-ZIP	MIAMI FL 33129	MIAMI FL 33129
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		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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

Date

Daytime Phone #

President 2/17/04 205
834