FOR PROFITOOR PORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED

03 MAR -7 AM 8:53 DOCUMENT # P0000009 8883 1. Entity Name Services, Inc. SECRETARY OF STATE MGM TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 500013917835 03/11/03--01018--027 ***300.00 2. Principal Place of Business 2850 Douglas 3. Mailing Address Sam Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3rd Floor City & State 4. FEI Number 65-1048690 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Box Number is Not Acceptable) Dorglas IN THIS SPACE Gable bra 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. M. De Lean, MD SIGNATURE (NOTE: Registered Agent signature required when reinstating) 1 - Máy 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61,25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS President TITLE TITLE CR2E034B (12/02) NAME Helio De Leon NAME Douglas Rd, 3rd STREET ADDRESS FLOOR 2850 STREET ADDRESS CITY-ST-ZIP FC Gables CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP o TITLE IN THIS SPACE NAMÊ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE of NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 efficer 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 on an attachment with an address, with allyother like empowered.

JS 3/10

and a Chimet



GARCIA, ESPINOSA, MIYARES

February 19, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: MGM Services, Inc.

Document #: P00000098883_

D C O M P A N Y , L L P

Annual Report Filing 2002

Dear Sir or Madam:

This letter is regarding the Annual Report filings for MGM Services, Inc. It has been brought to our attention that our client has not received an annual report. After speaking with a representative at the Department of State we came to the conclusion that an incorrect address is on file with the State. Please find enclosed a check in the amount of \$150.00 for the 2002 Uniform Business Report Filing. We are requesting that the penalties and interests for filing the Annual Report past due be abated due to this misunderstanding.

Please up date your records to reflect the correct address as follows:

Place of Business: 2850 Douglas Road Mailing Address: 2850 Douglas Road

2843 S. BAYSHORE DR. 3rd Floor

Coral Gables, FL 33134

3rd Floor Coral Gables, FL 33134

COCO NUT GROVE FL 33133

If you have any questions, Please feel free to contact me. Thank you in advance for your prompt attention regarding this matter.

Sincerely,

GARCIA, ESPINOSA, MIYARES & CO, LLP.

Emilio J. Miyares

For the Firm

T 305.529.0345 | F 305.529.5401 | www.gemco-cpa.com