## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000102473

Entity Name: MGPU CORP.

Apr 29, 2004 Secretary of State

7967 NORTHWWEST 64TH STREET 2855 NW 112 AVE MIAMI, FL 33166

SUITE #5 MIAMI, FL 33172

**Current Mailing Address: New Mailing Address:** 

7967 NORTHWWEST 64TH STREET 2855 NW 112 AVE

MIAMI, FL 33166 SUITE #5 MIAMI, FL 33172

FEI Number: 65-1051498 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENÚE CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

MORENO, DORIS MORENO, DORIS Name: Name: 7967 NORTHWWEST 64TH STREET Address:

2855 NW 112 AVE SUITE #5 Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33172

Title: VD Title: VD (X) Change ( ) Addition () Delete

PULIDO, VIVIANA Name: Name: PULIDO, VIVIANA

7967 NORTHWWEST 64TH STREET 2855 NW 112 AVE SUITE #5 Address: Address:

MIAMI, FL 33166 MIAMI, FL 33172 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition SD ( ) Delete SD GARCIA, CIRO GARCIA, CIRO Name: Name:

7967 NORTHWWEST 64TH STREET 2855 NW 112 AVE SUITE #5 Address: Address:

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33172

Title: TD ( ) Delete Title: (X) Change ( ) Addition PULIDO, RAULA PULIDO, RAULA Name: Name:

7967 NORTHWWEST 64TH STREET Address: Address: 2855 NW 112 AVE SUITE #5

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIS MORENO PD 04/29/2004