

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102473

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: MGPU CORP.

**Current Principal Place of Business:**

2855 NW 112 AVE  
SUITE #5  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2855 NW 112 AVE  
SUITE #5  
MIAMI, FL 33172

**New Mailing Address:**

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

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

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

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

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:**

Title: PD      ( ) Delete  
Name: MORENO, DORIS  
Address: 2855 NW 112 AVE SUITE #5  
City-St-Zip: MIAMI, FL 33172

Title: VD      ( ) Delete  
Name: PULIDO, VIVIANA  
Address: 2855 NW 112 AVE SUITE #5  
City-St-Zip: MIAMI, FL 33172

Title: SD      ( ) Delete  
Name: GARCIA, CIRO  
Address: 2855 NW 112 AVE SUITE #5  
City-St-Zip: MIAMI, FL 33172

Title: TD      ( ) Delete  
Name: PULIDO, RAULA  
Address: 2855 NW 112 AVE SUITE #5  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MORENO DORIS

PD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date