

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000020477

1. Entity Name
MGB BUSINESS CONSULTING INC.



Principal Place of Business

**1915 BRICKELL AVE.
PENTHOUSE 8
MIAMI, FL 33129**

Mailing Address

**1915 BRICKELL AVE.
PENTHOUSE 8
MIAMI, FL 33129**

DO NOT WRITE IN THIS SPACE



08182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1082518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BALBIS, MANUEL
1915 BRICKELL AVE.
PH #8
MIAMI, FL 33129**

**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: *Manuel G. Balbis* **Manuel G. Balbis**

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

(NOTE: Registered Agent signature required when reinstating)

8-17-04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
BALBIS, MANUEL G
1915 BRICKELL AVE. PH #8
MIAMI, FL 33129**

TITLE
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U00000170537
08/20/04-80004-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Manuel G. Balbis* **Manuel G. Balbis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-04 305 860-0902
Date Daytime Phone #