

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050233

FILED
Apr 30, 2004
Secretary of State

Entity Name: MCGILL BROTHERS INTERNATIONAL, INC.

Current Principal Place of Business:

1247 NORTHWEST 125TH TERRACE
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 450192
SUNRISE, FL 333450192

New Mailing Address:

FEI Number: 65-1109546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGILL, DONAVON
1247 NORTHWEST 125TH TERRACE
SUNRISE, FL 33323

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: PSD () Delete
Name: MCGILL, DONOVAN
Address: 1247 NORTHWEST 125TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: VD () Delete
Name: MCGILL, JULIET
Address: 1247 NORTHWEST 125TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: TD () Delete
Name: MCGILL, SEAN
Address: 4969 PELICAN STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: MCGILL, ROY
Address: 101 ANDERSON STREET, DENBIGH PO CLARENDON,
City-St-Zip: JAMAICA WEST INDIES,

Title: D () Delete
Name: MCGILL, MAISIE
Address: 101 ANDERSON STREET, DENBIGH PO CLARENDON,
City-St-Zip: JAMAICA WEST INDIES,

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:

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: DONAVON MCGILL

MR

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date