



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90080 028 ***158.75

DOCUMENT # P01000064545 1. Entity Name MG HOLDINGS, INC.			
Principal Place of Business 2875 NE 191 ST, PH 1 AVENTURA, FL 33180		Mailing Address 2875 NE 191 ST, PH 1 AVENTURA, FL 33180	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. P.O. Box 630817 City & State Miami, FL Zip Country 33163 USA	
			
		01052007 Chg-P CR2E034 (12/06)	
		4. FEI Number 65-1116546	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEIN, THEODORE J. ESQ. 8030 PETERS ROAD BLDG D SUITE 104 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	TITLE	Change Addition
NAME	GILINSKI, MAX <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	2875 NE 191 ST, PH 1	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	D	TITLE	Change Addition
NAME	GILINSKI, PERLA <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	2875 NE 191 ST, PH 1	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	PS	TITLE	Change Addition
NAME	AZOUT, JACK <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	2875 NE 191 ST PH-1	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	VP	TITLE	Change Addition
NAME	BOUL GILINSKI Gilinski, SAUL <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	2875 NE 191 ST PH-1	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE		TITLE	Change Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change Addition
NAME	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <u><i>[Signature]</i></u> JACK AZOUT <u>2/26/07</u> <u>(305) 935-5175</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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