


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000120889 1. Entity Name MGT FINANCIAL RESOURCES, INC.		
Principal Place of Business 2875 N.E. 191 STREET PENTHOUSE 1 AVENTURA, FL 33180	Mailing Address PO BOX 630817 PENTHOUSE 1 MIAMI, FL 33163	



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3691745	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, TED
8030 PETERS ROAD
BUILDING D, SUITE 104
PLANTATION, FL 33324

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	AZOUT, JACK
STREET ADDRESS	2875 N.E. 191 STREET
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	GILLINKSI, MAX
STREET ADDRESS	2875 N.E. 191 STREET
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VP
NAME	AZOUT, GILDA
STREET ADDRESS	2875 NE 191 ST PH1
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	VP
NAME	GILINSKI, SAUL
STREET ADDRESS	2875 NE 191 ST PH1
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/26/08-80050-007 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] JACK AZOUT 2/12/08 (305) 935-5175