

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000029379</b>	
1. Entity Name M G INVESTMENT GROUP, INC.	
Principal Place of Business 8351 SW 27TH ST MIAMI, FL 33155	Mailing Address 8351 SW 27TH ST MIAMI, FL 33155



01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3623468	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**

GUDE, MARIBEL  
8351 SW 27TH ST  
MIAMI, FL 33155

**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

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

(NOTE: Registered Agent signature required when reinstating)

1/20/05

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PVST
NAME	GUDE, MARIBEL
STREET ADDRESS	8351 SW 27TH ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	GUDE, MARIBEL
STREET ADDRESS	8351 SW 27TH ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	1VP
NAME	CARLOS GUDE, ROBERTO
STREET ADDRESS	8351 SW 2751
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	IIVP
NAME	ADRIAN GUDE, JOSE
STREET ADDRESS	8351 SW 2754
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	S
NAME	GUDE, ROBERTO
STREET ADDRESS	8351 SW 2751
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80119-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

1/20/05

Date

305-323-6196

Daytime Phone #