


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90014 022 ***150.00

DOCUMENT # P02000029379	
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
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DO NOT WRITE IN THIS SPACE

4000



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3623468	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST GUDE, MARIBEL 8351 SW 27TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUDE, MARIBEL 8351 SW 27TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	IIVP ADRIAN GUDE, JOSE 8351 SW 27TH ST MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: *Maribel Gude* *Maribel Gude* *1/23/08* *305 3236196*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #