

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P02000047145**

1. Entity Name

**MGT CROSSROADS RESOURCES, INC.**



Principal Place of Business

**2875 N.E. 191 STREET  
PENTHOUSE I  
AVENTURA, FL 33180**

Mailing Address

**P.O. BOX 630817  
MIAMI, FL 33163**



01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**04-3691729**

Applied For

Not Applicable

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**

**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)

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 #1  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D  
NAME GILINSKI, MAX  
STREET ADDRESS 2875 N.E. 191 STREET #1  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE VD  
NAME AZOUT, GILDA  
STREET ADDRESS 2875 NE 191 ST PH1  
CITY-ST-ZIP MIAMI, FL 33180

TITLE VD  
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

000000829721  
02/26/08-80054-002 158.75

**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 #

**JACK AZOUT 2/12/08 (305) 935-5175**