


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC 10 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096800
1. Entity Name
M.G. PROMOTIONS, CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4720 NW 102 AVE
Suite, Apt. #, etc.
102

3. Mailing Address
4720 NW 102 AVE
Suite, Apt. #, etc.
102

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33178

Country
USA

Zip
33178

Country
USA

200025388312
12/10/03--01034--028 **150.00
REINSTATEMENT DO NOT WRITE IN THIS SPACE

4. FEI Number 46-0498409

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

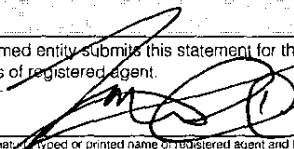
Name NESTOR TORRE

Street Address (P.O. Box Number is Not Acceptable)
11925 NE 2 AVE STE B-410

City MIAMI, FL

FL Zip Code 33161

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  DATE 11/19/03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARCO GORDILLO 4720 NW 102 AVE STE 102, MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowers.

SIGNATURE:  DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Per Instructions from Division of Corporation, I am attaching a check in the amount of \$150 for the Annual Report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **M.G. PROMOTIONS, CORP**

Thank you for your courtesy in this matter.


Marco Gordillo
President