2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P03000033783

Entity Name: MK ENTERTAINMENT GROUP, INC.

Current Principal Place of Business:

2469 SW 15TH STREET
SUITE #2
MIAMI, FL 33145

New Principal Place of Business:

6790 NW 186 STREET
309
HIALEAH, FL 33015 US

Current Mailing Address:

2469 SW 15TH STREET
SUITE #2
MIAMI, FL 33145

New Mailing Address:

6790 NW 186 STREET
309
HIALEAH, FL 33015

FEI Number: 13-4277969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ACOSTA, IVAN A MR.
P.O. BOX 821442
PEMBROKE PINES, FL 33082 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEREZ, NESTOR A MR.
Address: 2469 SW 15TH STREET, SUITE #2
City-St-Zip: MIAMI, FL 33145

Title: D (X) Delete
Name: ARRIETA, NELSON MR.
Address: 2469 SW 15TH STREET, SUITE #2
City-St-Zip: MIAMI, FL 33145

Title: D (X) Delete
Name: ACOSTA, IVAN A MR.
Address: P.O. BOX 821442
City-St-Zip: PEMBROKE PINES, FL 33082

Title: D (X) Delete
Name: CODECIDO, LISANDRO MR.
Address: 9820 SHERIDAN STREET #209
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PEREZ, NESTOR A
Address: 2469 SW 15TH STREET, SUITE #2
City-St-Zip: MIAMI, FL 33145

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NESTOR A PEREZ P 04/30/2005

Electronic Signature of Signing Officer or Director Date