

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90069 021 ***158.75

50030930



DOCUMENT # P03000055156					
1. Entity Name MMG GROUP, INC.					
Principal Place of Business 1835 MAIN STREET SUITE 101 WESTON, FL 33326			Mailing Address 1835 MAIN STREET SUITE 101 WESTON, FL 33326		
2. Principal Place of Business 1290 Weston Rd Suite, Apt. #, etc. STE 214 City & State Weston, FL Zip 33326 Country USA		3. Mailing Address 1290 Weston Rd Suite, Apt. #, etc. STE 214 City & State Weston, FL Zip 33326 Country USA		03172005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0030276				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUEVARA, MANUEL M 1835 MAIN STREET SUITE 101 WESTON, FL 33326			7. Name and Address of New Registered Agent Name MANUEL M. Guevara Street Address (P.O. Box Number is Not Acceptable) 1290 Weston Rd Suite 214 City Weston FL Zip Code 33326		
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		MANUEL M. GUEVARA		3/25/05	
Signature (Typed 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GUEVARA, MANUEL M 1835 MAIN STREET, SUITE 101 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1290 Weston Rd, STE 214 Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRIETO, LEONEL 1835 MAIN STREET, SUITE 101 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1290 Weston Rd, STE 214 Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUBLER, GUILLERMO 1835 MAIN STREET, SUITE 101 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1290 Weston Rd, STE 214 Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		MANUEL M. GUEVARA 3/25/05 954-217-7590			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	