

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000063766

1. Entity Name
M G N ENTERPRISES, INC.



FILED
Apr 02, 2007 08:00 A
Secretary of State

Principal Place of Business
5200 N. FEDERAL HIGHWAY
BOX 1140
FT. LAUDERDALE, FL 33308

Mailing Address
5200 N. FEDERAL HIGHWAY
BOX 1140
FT. LAUDERDALE, FL 33308



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 65-1192392 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GILBERT, MICHELLE
900 SE 13TH AVENUE
DEERFIELD BEACH, FL 33441

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: GILBERT, MICHELLE
STREET ADDRESS: 5200 N. FEDERAL HIGHWAY
CITY-ST-ZIP: FT. LAUDERDALE, FL 33308

TITLE: VP
NAME: GILBERT, GREGG A
STREET ADDRESS: 5200 N. FEDERAL HIGHWAY
CITY-ST-ZIP: FT. LAUDERDALE, FL 33308

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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IN THIS SPACE**

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04/10/07-80069-006 150.00

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

3/28/07 954-830-4135
Date Daytime Phone #