2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000052609

City-St-Zip:

PORT CHARLOTTE,, FL 33952 US

Entity Name: MG SERVICES & REPAIR CORP.

FILED Apr 30, 2007 Secretary of State

Littly Nan	IIE. WIG SER	VICES &	REFAIR CORF.			
Current Principal Place of Business:				New Principal Plac	New Principal Place of Business:	
	E DRIVE NW ARLOTTE, FL	33952	US			
Current Mailing Address:				New Mailing Addre	New Mailing Address:	
125 BARRE PORT CHA	E DR NW ARLOTTE,, FL	_ 33952	US			
FEI Number:	02-0672881	FEI Nun	nber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
GREDORIO, FRANCISCO M 125 BARRE DRIVE PORT CHARLOTTE,, FL 33952 US				125 BARRE DRIVE	GREGORIO, FRANCISCO M 125 BARRE DRIVE PORT CHARLOTTE,, FL 33952 US	
The above in the State		submits th	nis statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE: FRANCISCO M GREGORIO					04/30/2007	
	Electro	nic Signat	ure of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fur	nd Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (GREGORIO, F 125 BARRE DI PORT CHARLO	RIVE NW		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC. (DE OLIVEIRA, 125 BARRE DI PORT CHARLO	RIVE NW	3952 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TREA (GREGORIO, F 125 BARRE DI		M	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: FRANCISCO M GREGORIO P 04/30/2007