

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-28-2005 90196 050 ***150.00

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000071090 1. Entity Name MGA RESIDENTIAL, INC.					
Principal Place of Business 4740 S. OCEAN BLVD. # 1515 HIGHLAND BEACH, FL 33487			Mailing Address 1203 HILLSIDE TERRACE PAMONA, NY 10970		
2. Principal Place of Business 4740 S. OCEAN BLVD		3. Mailing Address 4740 S. OCEAN BLVD			
Suite, Apt. #, etc. # 515		Suite, Apt. #, etc. # 515			
City & State HIGHLAND BEACH, FL		City & State HIGHLAND BEACH FL			
Zip 33487	Country USA	Zip 33487	Country USA	4. FEI Number 20-2334149	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KOPELOWITZ, BRIAN ESQ. 350 EAST LAS OLAS BLVD. SUITE 1440 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name MICHAEL GOODMAN Street Address (P.O. Box Number is Not Acceptable) 4740 S. OCEAN BLVD # 515 City HIGHLAND BEACH FL Zip Code 33487		
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 2/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	P,VP GOODMAN, MICHAEL 1203 HILLSIDE TERRACE PAMONA, NY 10970		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. VP. GOODMAN, MICHAEL 4740 S. OCEAN BLVD. #515 HIGHLAND BEACH, FL 33487	
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	
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:			2/16/05 845.727.4100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		