


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000143523 1. Entity Name M R G FINANCIAL SERVICES, INC.	
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Principal Place of Business 5001 NW 50TH STREET TAMARAC, FL 33319	Mailing Address 5001 NW 50TH STREET TAMARAC, FL 33319
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DO NOT WRITE IN THIS SPACE



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3786069	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

GILL, MILAGROS E
5001 NW 50TH STREET
TAMARAC, FL 33319

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GILL, MILAGROS E
STREET ADDRESS	5001 NW 50TH STREET
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000564061
05/20/06-80042-010 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Milagros E Gill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-06
Date

954-733-6571
Daytime Phone #