

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000128613

1. Entity Name
M.G.M CONSULTING SERVICES INC



FILED
Jul 15, 2008 08:00 AM
Secretary of State

Principal Place of Business
10941 SW 161 STREET
MIAMI, FL 33157 US

Mailing Address
10941 SW 161 STREET
MIAMI, FL 33157 US



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3490362

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL A
10941 SW 161 STREET
MIAMI, FL 33157

**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 12, 2008

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 | P |
| NAME | GONZALEZ, MIGUEL A |
| STREET ADDRESS | 10941 SW 161 STREET |
| CITY - ST - ZIP | MIAMI, FL 33157 |
| TITLE | VP |
| NAME | PORTERO, DALIA |
| STREET ADDRESS | 10941 SW 161 STREET |
| CITY - ST - ZIP | MIAMI, FL 33157 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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07/15/08-80001-007 158.75

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-07-08