2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 04, 2006 8:00 am Secretary of State

DOCUMENT # P05000139111 1. Entity Name M.G.RECORDS CORP							05-04-2006	•	5 ***150	
Principal Place	e of Business		Mailing Address							
70 NW 36TH CT			70 NW 36TH CT							
MIAMI, FL 33125			MIAMI, FL 33125							
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2. Principal Place of Business			3. Mailing Address							
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172006	Chg-P	CR2E03	4 (11/05)	
City & State			City & State			4. FEI Number	21554	429	_ 	plied For
Zip Country		untry	Zip Coun		try	80-	سود	<u> </u>	8.75 Add	t Applicable
			— 			5. Certificate of	of Status Desired		ee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
MEDICADO JAVIED					Name					
MERCADO, JAVIER 70 NW 36TH CT					Street Address (Street Address (P.O. Box Number is Not Acceptable)				
. MIAMI, FL 33125					'					
					City			FL	Zip Code	ө
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.										
the obligations of registered agent.										
SIGNATURE Signature, hyped 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, 2006 Fee will be \$550.00 9. Election Campaign Fir Trust Fund Contribution						.00 May Be ed to Fees				
10.		OFFICERS AND D	PIRECTORS		ADDITIONS/0	CHANGES TO OFFI	CERS AND [DIRECTOR	S IN 11	
TITLE	P MEDCADO IA	VIED	☐ Delete TITLE					1	Change	Addition
NAME Street adoress	MERCADO, JA 70 NW 36TH (NAM STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 331				-SI-ZIP					
TITLE	VP		☐ Delete	TITLE					☐ Change	Addition
NAME	GALLARDO, O		NAME							
STREET ADDRESS CITY-ST-ZIP	70 NW 36TH CT MIAMI, FL 33125				ET ADDRESS -ST-ZIP					
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STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
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 eath; that I am an officer or director										
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 eath; 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 chapter 607, provided to the property of the provided to										

05-01-06

Daytime Phone #