



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2006 8:00 am**  
**Secretary of State**

08-11-2006 90002 047 \*\*\*150.00

<b>DOCUMENT # P05000160955</b> 1. Entity Name <b>MG AUTO CARE CORPORATION</b>					
Principal Place of Business <b>8590 SW 8 STREET</b> <b>MIAMI, FL 33144</b>				Mailing Address <b>8590 SW 8 STREET</b> <b>MIAMI, FL 33144</b>	
2. Principal Place of Business <b>8590 SW 8 St</b> Suite, Apt. #, etc.		3. Mailing Address <b>12401 Wokeehobee Rd</b> Suite, Apt. #, etc.		  07132006    Chg-P    CR2E034 (11/05)	
City & State <b>Miami FL</b>		City & State <b>Hialeah Gardens FL</b>			
Zip <b>33044</b> Country <b>Dade</b>		Zip <b>33018</b> Country <b>Dade</b>			
4. FEI Number <b>20-3916498</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GALLOWAY OFFICE LLC</b> <b>935 SW 87 AVENUE</b> <b>MIAMI, FL 33174</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FELIZ, ARMANDO</b> <b>8590 SW 8 STREET</b> <b>MIAMI, FL 33144</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <b>ARMANDO FELIZ</b> 8/01/06    305-904-1225 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Day    Daytime Phone #</small>					