

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000017857

1. Entity Name
MGS SERVICES, INC.



Principal Place of Business
1536 CHESTFIELD CT.
ORLANDO, FL 32813

Mailing Address

1536 CHESTFIELD CT.
ORLANDO, FL 32813

2. Principal Place of Business - No P.O. Box #
11536 Chestfield Ct.

3. Mailing Address

11536 Chestfield Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip
32837

Country
USA

Zip
32832

Country
USA

01222007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4268259

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELLOLI, GUILLERMO G
10836 MYSTIC CIRCLE
APT. 303
ORLANDO, FL 32836

Name
Mayra V. Ragua

Street Address (P.O. Box Number is Not Acceptable)
11536 Chestfield Ct.

City
Orlando

FL Zip Code
32837

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

04/30/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P Delete
NAME BELLOLI, GUILLERMO G
STREET ADDRESS 10836 MYSTIC CIRCLE #303
CITY-ST-ZIP ORLANDO, FL 32836

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME BELLOLI, GUILLERMO G
STREET ADDRESS 11536 Chestfield Ct.
CITY-ST-ZIP Orlando, FL 32837

TITLE V Delete
NAME RAGUA, MAYRA V
STREET ADDRESS 10836 MYSTIC CIRCLE, APT. #303
CITY-ST-ZIP ORLANDO, FL 32836

TITLE Change Addition
NAME RAGUA, MAYRA V
STREET ADDRESS 11536 Chestfield Ct.
CITY-ST-ZIP Orlando, FL 32837

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-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 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: *Mayra V. Ragua*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/07

Date

Daytime Phone #

**FILED
May 02, 2007 8:00 am
Secretary of State**

05-02-2007 90053 026 ***150.00