## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098937

Entity Name: M.K. GROUP ENTERPRISES, INC.

FILED Apr 16, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Plac	e of Business:	<b>New Princi</b>	pal Place of Business

1100 N.E. 1 COURT 3025 NE 190 TH STREET SUITE 103 SUITE 103

HALLANDALE BEACH, FL 33009 AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

 1100 N.E. 1 COURT
 3025 NE 190TH ST APT105

 SUITE 103
 SUITE 103

 HALLANDALE BEACH, FL 33009
 AVENTURA, FL 33180

FEI Number: 20-5280854 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOPEZ, MICAEL
1100 N.E. 1 COURT
SUITE 103
HALLANDALE BEACH, FL 33009 US

MICAEL, LOPEZ
3025 NE 190TH ST APT105
AVENTURA, FL 33180 US

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.

SIGNATURE: MICAEL LOPEZ 04/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 LOPEZ, MICAEL
 Name:
 LOPEZ, MICAEL

 Address:
 1100 N.E. 1 COURT SUITE #103
 Address:
 3025 NE 190TH STREET APT#105

City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: AVENTURA, FL 33180

Title: ( ) Delete Title: VP ( ) Change (X) Addition Name: KSENIA. KRASNOBAEVA

Address: Address: 3025 NE 190 TH STREET APT #105

City-St-Zip: City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICAEL LOPEZ PD 04/16/2007