

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000098937

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

3025 NE 190 TH STREET
SUITE 105
AVENTURA, FL 33180

New Principal Place of Business:

18181 NE 31CT
2402
AVENTURA, FL 33160

Current Mailing Address:

3025 NE 190TH ST APT105
SUITE 105
AVENTURA, FL 33180

New Mailing Address:

18181 NE 31CT
2402
AVENTURA, FL 33160

FEI Number: 20-5280854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MICAEL, LOPEZ
18181 NE 31CT
2402
AVENTURA, FL 33160 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

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, MICAEL
Address: 3025 NE 190TH STREET APT#105
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: KSENIA, KRASNOBAEVA
Address: 3025 NE 190 TH STREET APT #105
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, MICAEL
Address: 18181 NE 31CT APTO #2402
City-St-Zip: AVENTURA, FL 33160

Title: VP (X) Change () Addition
Name: KSENIA, KRASNOBAEVA
Address: 18181 NE 31CT APTO #2402
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date