2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000115538

1. Entity Name
M G BUSINESSES, CORP.

FILED
07 MAY -1 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8990 SE 36TH ST MIAMI, FL 33165	8990 SE 36TH ST MIAMI, FL 33165

04302007 Chg-P CR2E034 (12/06) 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8990 SW 36th St	8990 SW 36th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33165 Country: USA	Zip: 33165 Country: USA

4. FEI Number 45-0542584 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA TORRE, ALDO 8990 SE 36TH ST MIAMI, FL 33165	Name Street Address (P.O. Box Number is Not Acceptable): 8990 SW 36th St City: MIAMI FLORIDA FL Zip Code: 33165

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DE LA TORRE, ALDO 8990 SE 36TH ST MIAMI, FL 33165 CORRECTION OF ADDRESS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8990 SW 36th St MIAMI FLORIDA 33165 USA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HUAMAN, JAVIER 8990 SE 36TH ST MIAMI, FL 33165	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR