
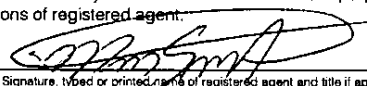
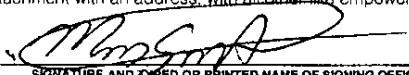


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90058 047 \*\*\*150.00

<b>DOCUMENT # P06000127402</b> 1. Entity Name <b>MGA DESIGN WOODWORK INC</b>																																																																																																																													
Principal Place of Business <b>3441 W HILLSBORO BLVD L-201 COCONUT CREEK, FL 33073</b>			Mailing Address <b>3441 W HILLSBORO BLVD L-201 COCONUT CREEK, FL 33073</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box # <b>900 NW 45th Street</b> Suite, Apt. #, etc. <b>APT 202</b> City & State <b>POMPANO BEACH, FLORIDA</b> Zip <b>33064</b>		3. Mailing Address <b>900 NW 45th Street</b> Suite, Apt. #, etc. <b>APT 202</b> City & State <b>POMPANO BEACH, FLORIDA</b> Zip <b>33064</b>		03262008    Chg-P    CR2E034 (12/06)																																																																																																																									
4. FEI Number <b>20-5661843</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>GONCALVES DE ABREU, MARCOS 3441 W HILLSBORO BLVD L-201 COCONUT CREEK, FL 33073</b>																																																																																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>900 NW 45th Street APT 202</b> City <b>POMPANO BEACH</b> FL    Zip Code <b>33064</b>				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: <b>3/26/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																											
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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.																																																																																																																													
SIGNATURE: 				3/26/08    (754) 235-3486 <small>Date    Daytime Phone #</small>																																																																																																																									