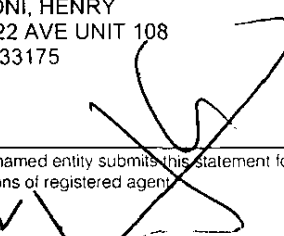
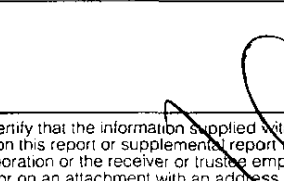


FILED
Jul 18, 2008 8:00 am
Secretary of State

UUU1J44U

DOCUMENT # P07000089817		Secretary of State 04-28-2008 90331 032 ***150.00	
1. Entity Name MGH COMPA, INC.			
Principal Place of Business 2199 Ponce De Leon Blvd Ste 200 Coral Gables, FL 33134		Mailing Address 2199 Ponce De Leon Blvd Ste 200 Coral Gables FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent COMPANIONI, HENRY 2055 SW 122 AVE UNIT 108 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 7/15/08	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D GONZALEZ, MARIO 2055 SW 122 AVE UNIT 108 MIAMI, FL 33175		DIRECTOR/OFFICER ANGEL CHEAZ 2055 SW 122 AVE #108 MIAMI, FL 33175	
D COMPANIONI, HENRY 2055 SW 122 AVE UNIT 108 MIAMI, FL 33175		V.P. ROBERTO GONZALEZ 2199 PONCE DE LEON BLVD STE. CORAL GABLES, FL 33134	
D COMPANIONI, HENRY 2055 SW 122 AVE UNIT 108 MIAMI, FL 33175		DIRECTOR/OFFICER SOTERO, F. GONZALEZ 2199 PONCE DE LEON BLVD STE. 2 CORAL GABLES, FL 33134	
D COMPANIONI, HENRY 2055 SW 122 AVE UNIT 108 MIAMI, FL 33175		DIRECTOR/OFFICER FABIO CERAULO 2199 PONCE DE LEON BLVD STE. CORAL GABLES, FL 33134	
D COMPANIONI, HENRY 2055 SW 122 AVE UNIT 108 MIAMI, FL 33175		D COMPANIONI, HENRY 2055 SW 122 AVE UNIT 108 MIAMI, FL 33175	
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 7/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

Amount: \$150.00
Account: 3773005216
Bank Number: 06310027

Sequence Number: 6540895699
Capture Date: 05/05/2008
Check Number: 458

66015440
P07000089817

HENRY COMPANIONI ZAMORA
2055 SW 122ND AVE APT 108
MIAMI FL 33175

05-06
date 4/16/08

458

PAY to the order of Florida Dept of State \$ 150.00
One hundred Fifty and 00/100 dollars

Bank of America

ACH R/T 063100277

for P07000089817

BANK OF AMERICA

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068796
2286 APR 26 2008