2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State
04-28-2008 90331 032 ***150.00

000134440

DOCUMENT # P07000089817

1. Entity Name
MGH COMPA, INC.

Principal Place of Business	Mailing Address
2199 Ponce De Leon Blvd Ste 200 Coral Gables, Fl 33134	2199 Ponce De Leon Blvd Ste 200 Coral Gables, Fl 33134

07152008 Chg-P CR2E034 (12/06)

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

4. FEI Number 41-2249473 ☐ 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
COMPANIONI, HENRY 2055 SW 122 AVE UNIT 108 MIAMI, FL 33175	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 ✓ 7/15/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, MARIO 2055 SW 122 AVE UNIT 108 MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMPANIONI, HENRY 2055 SW 122 AVE UNIT 108 MIAMI, FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/ OFFICER ANGEL CHEAZ 2055 SW 122 AVE #108 MIAMI, FL 33175	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P ROBERTO GONZALEZ 2199 PONCE DE LEON BLVD STE. 200 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/OFFICER SOTERO. F. GONZALEZ 2199 PONCE DE LEON BLVD STE. 200 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR/OFFICER FABIO CERAULO 2199 PONCE DE LEON BLVD STE 200 CORAL GABLES, FL 33134	☐ 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: ✓ 7/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

L6015440

P07000089817

Amount:	$150.00	Sequence Number:	6540895699
Account:	3773005216	Capture Date:	05/05/2008
Bank Number:	06310027	Check Number:	458

HENRY COMPANIONI ZAMORA
2065 SW 122ND AVE APT 108
MIAMI, FL 33175

05-06

458

date 4/16/08

40083843

PAY to the order of Florida Dept of State $ 150 00/xx

One hundred Fifty and 00/xx dollars

Bank of America

ACH R/T 063100277

for P07000089817

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

APR 28 2008

BANK OF AMERICA

6540895699