## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P08000063852

Name:

Title:

Name:

Address:

City-St-Zip:

Address

City-St-Zip:

() Delete

FILED Aug 20, 2009 Secretary of State

Entity Name: MBG&A, INC. **Current Principal Place of Business: New Principal Place of Business:** 2901 CLINT MOORE ROAD PMB #112 BOCA RATON, FL 33496 **New Mailing Address: Current Mailing Address:** 2901 CLINT MOORE ROAD PMB #112 BOCA RATON, FL 33496 FEI Number: 26-2943204 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRASNA, GARY M 120 E. PÁLMETTO PARK ROAD SUITE 100 BOCA RATON, FL 33432 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: PRFS (X) Change ( ) Addition GLASS, MICHAEL B Name: Name: GLASS, MICHAEL B 2901 CLINT MOORE ROAD, PMB #112 2901 CLINT MOORE ROAD, PMB #112 Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: BOCA RATON, FL 33496 Title: Title: VΡ (X) Change ( ) Addition ( ) Delete RODRIGUEZ-WILSON, MIRIAM Name: Name: RODRIGUEZ-WILSON, MIRIAM 2901 CLINT MOORE ROAD, PMB #112 2901 CLINT MOORE ROAD, PMB #112 Address: Address: BOCA RATON, FL 33496 BOCA RATON, FL 33496 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete DIR

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

GLASS, DAVID M

PHOENIX, AZ 85044

JACOBSEN, HÉLEN W

PHOENIX, AZ 85044

12044 SOUTH MANDAN STREET

12044 SOUTH MANDAN STREET

( ) Change (X) Addition

SIGNATURE: MICHAEL B. GLASS PRES 08/20/2009