


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000030243**

1. Entity Name  
M.G. REPRESENTATIVES, INC.



Principal Place of Business      Mailing Address

9311 SW 23 ST #3701      9311 SW 23 ST #3701  
FT LAUDERDALE, FL 33324      FT LAUDERDALE, FL 33324

**DO NOT WRITE IN THIS SPACE**



02272004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
65-0490303      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, MELVYN I  
9311 SW 23 ST #3701  
FT LAUDERDALE, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

UD00000074147  
03/03/04-80006-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GREENE, MELVYN I 9311 SW 23 ST #3701 FT LAUDERDALE, FL 33324
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Melvyn I. Greene      Date: 2/28/04      Daytime Phone #: 95447744861

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