
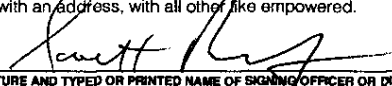


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90622 001 ***300.00

| | | | | | |
|---|-----------------------------------|---|---|---|--|
| DOCUMENT # P94000046119 1. Entity Name M.G.P.O., INC. | | | |  | |
| Principal Place of Business 1023 EAST HILLSBORO BLVD DEERFIELD BEACH, FL 33441 | | | Mailing Address 1724 SE 21ST AVE POMPANO BEACH, FL 33062 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0517783 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CASACCI, JOSEPH R 305 SE 18TH CT FT LAUDERDALE, FL 33316 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BOLOVC, MICHAEL | | NAME | | |
| STREET ADDRESS | 1023 EAST HILLSBORO BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PERRY, SCOTT | | NAME | | |
| STREET ADDRESS | 3001 E COMMERCIAL BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33308 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WICK, LARRY | | NAME | | |
| STREET ADDRESS | 1023 EAST HILLSBORO BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33441 | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 04/20/04 Daytime Phone #: 954-781-8948 | | |

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04142004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0517783

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

CASACCI, JOSEPH R
305 SE 18TH CT
FT LAUDERDALE, FL 33316

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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After May 1, 2004 Fee will be \$550.00

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Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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STREET ADDRESS 1023 EAST HILLSBORO BLVD
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE D ☐ Delete
NAME PERRY, SCOTT
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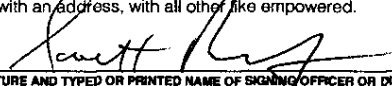
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04/20/04 Daytime Phone #: 954-781-8948