

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073250

Entity Name: MGI ASSURANCE CORP.

FILED  
Apr 05, 2008  
Secretary of State

**Current Principal Place of Business:**

12600 SW 120 STREET  
STE 102  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

12600 SW 120 STREET  
STE 102  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 65-0525489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRABARKIEWICZ, MICHAEL  
11226 SW 64TH LN  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GRABARKIEWICZ, MICHAEL  
Address: 11226 SW 64TH LN  
City-St-Zip: MIAMI, FL 33173

Title: VPS ( ) Delete  
Name: GRABARKIEWICZ, MARIELLA H  
Address: 11226 SW 64TH LN  
City-St-Zip: MIAMI, FL 33173

Title: AVP ( ) Delete  
Name: VERA, ADRIANA C  
Address: 11226 SW 64 LN  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AVP (X) Change ( ) Addition  
Name: VERA, ADRIANA C  
Address: 4637 NW 97 CT.  
City-St-Zip: DORAL, FL 33178

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.

SIGNATURE: MIKE GRABARKIEWICZ

DIR.

04/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date