


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90046 034 \*\*\*150.00

<b>DOCUMENT # P94000079193</b>	
1. Entity Name <b>MGK CORPORATION</b>	

Principal Place of Business <b>909 EL RADO ST CORAL GABLES FL 33134 US</b>	Mailing Address <b>909 EL RADO ST MIAMI FL 33134 US</b>
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2. Principal Place of Business <b>342 VISCAYA AVE.</b>	3. Mailing Address <b>342 VISCAYA AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CORAL GABLES, FL</b>	City & State <b>CORAL GABLES, FL</b>
Zip <b>33134</b>	Country <b>US</b>

4. FEI Number <b>65-0533306</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>GIOVANA REYES 909 EL RADO ST CORAL GABLES FL 33134</b>	
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7. Name and Address of New Registered Agent Name <b>GIOVANA REYES</b> Street Address (P.O. Box Number is Not Acceptable) <b>342 VISCAYA AVE</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M JOSE LUIS REYES 14345 SW 57 LN. #15 MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M JOSE LUIS REYES 342 VISCAYA AVE. CORAL GABLES FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V REYES, GIOVANA 14345 SW 57 LN. #15 MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GIOVANA REYES 342 VISCAYA AVE. CORAL GABLES FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **MARCH 16th 2005 305-725-0614**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #