


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

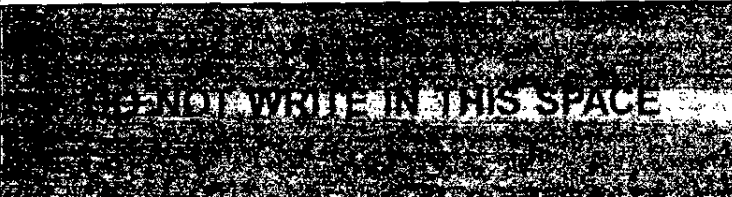
DOCUMENT # P94000082332	
1. Entity Name MG SAWGRASS CORP.	

Principal Place of Business C/O ANDREW KATZ 777 E. ATLANTIC AVE., SUITE C2-PMB220 DELRAY BEACH, FL 33483	Mailing Address C/O ANDREW KATZ 777 E. ATLANTIC AVE., SUITE C2-PMB 220 DELRAY BEACH, FL 33483
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02132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0547900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent KATZ, ANDREW 777 EAST ATLANTIC AVENUE SUITE C2-PMB220 DELRAY BEACH, FL 33483
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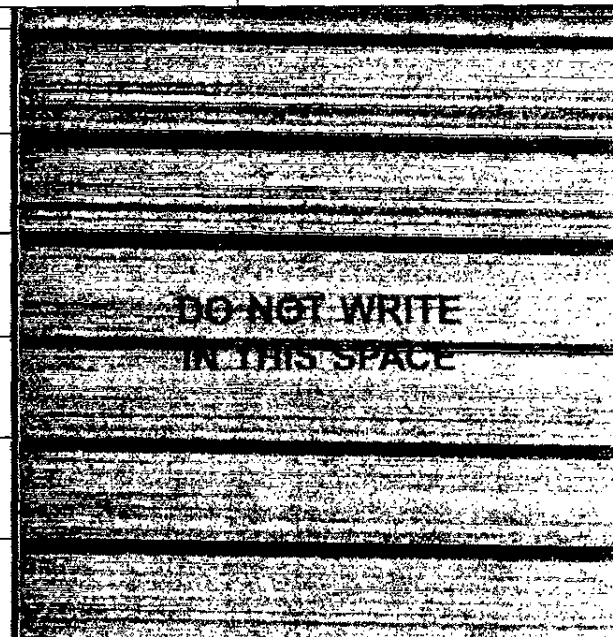


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000442849 03/04/06-80038-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KATZ, SAM 777 E. ATLANTIC AVE STE. C2-PMB220 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KATZ, ANDREW 777 E. ATLANTIC AVE STE. C2-PMB220 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Andrew Katz</u> VP ANDREW KATZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2/13/2006</u>	Daytime Phone #: <u>954-529-1681</u>
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