


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000017672
 1. Entity Name
SHENANDOAH MGP CORP.



Principal Place of Business: **C/O NORMAN G ORODENKER, 10 WEYBOSSET ST 10TH FL, PROVIDENCE RI 02903-2818, US**
 Mailing Address: **C/O NORMAN G ORODENKER, 10 WEYBOSSET ST 10TH FL, PROVIDENCE RI 02903-2818, US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country



1st MOORE CR2E034 (10/04)
 4. FEI Number: **13-3840326**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**AXELROD, ALAN D
 2500 FIRST UNION FINANCIAL CENTER
 MIAMI FL 33131**

7. Name and Address of New Registered Agent
 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: DP <input type="checkbox"/> Delete	NAME: COHEN, DANIEL
STREET ADDRESS: 1 KENNEY DR	CITY-ST-ZIP: CRANSTON RI 02920
TITLE: T <input type="checkbox"/> Delete	NAME: BROWN, DOUGLAS
STREET ADDRESS: 1 KENNEY DR	CITY-ST-ZIP: CRANSTON RI 02920
TITLE: S <input type="checkbox"/> Delete	NAME: ORODENKER, NORMAN G
STREET ADDRESS: 10 WEYBOSSET ST 10TH FL	CITY-ST-ZIP: PROVIDENCE RI 02903
TITLE: D <input type="checkbox"/> Delete	NAME: SCHRETTER, BERNHARD
STREET ADDRESS: 115 CONSTITUTION BLVD	CITY-ST-ZIP: FRANKLIN MA 02038
TITLE: D <input type="checkbox"/> Delete	NAME: PORETSKY, JOEL
STREET ADDRESS: 405 LEXINGTON AVE	CITY-ST-ZIP: NEW YORK NY 10174
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	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: *[Signature]* **2/1/05** **401-456-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #