


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000088005 1. Entity Name M.G.I. USA, INC.	
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Principal Place of Business 1600 SARNO RD #118 MELBOURNE, FL 32935	Mailing Address 1600 SARNO RD #118 MELBOURNE, FL 32935
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3343346	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 ABERGEL, VICTOR 1600 SARNO RD SUITE #118 MELBOURNE, FL 32935
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**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

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

U000000137136
04/29/04-80027-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABERGEL, EDMOND 161 AVENUE DE VERDON IVRY/SEINE CEDEX, FRANCE, 94204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABERGEL, VICTOR 161 AVENUE DE VERDON IVRY/SEINE CEDEX, FRANCE, 94204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABERGEL, EVELYNE 161 AVENUE DE VERDON IVRY/SEINE CEDEX, FRANCE, 94204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ABERGEL, MICHAEL 1 INWOOD WAY INDIAN HARBOR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3.30.04 (321) 757-6755
Date Daytime Phone #