

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000088005

1. Entity Name
M.G.I. USA, INC.



Principal Place of Business
1600 SARNO RD
#118
MELBOURNE, FL 32935

Mailing Address
1600 SARNO RD
#118
MELBOURNE, FL 32935



03242005 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 ☐ \$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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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ABERGEL, EDMOND
STREET ADDRESS 161 AVENUE DE VERDON
CITY-ST-ZIP IVRY/SEINE CEDEX, FRANCE, 94204

TITLE D
NAME ABERGEL, VICTOR
STREET ADDRESS 161 AVENUE DE VERDON
CITY-ST-ZIP IVRY/SEINE CEDEX, FRANCE, 94204

TITLE D
NAME ABERGEL, EVELYNE
STREET ADDRESS 161 AVENUE DE VERDON
CITY-ST-ZIP IVRY/SEINE CEDEX, FRANCE, 94204

TITLE V
NAME ABERGEL, MICHAEL
STREET ADDRESS 1 INWOOD WAY
CITY-ST-ZIP INDIAN HARBOR BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000288305
04/05/05-80004-017 150.00

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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

Date

Daytime Phone #