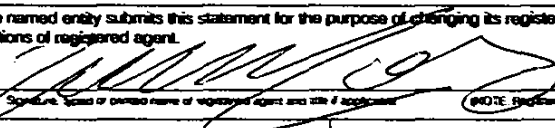


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90520 031 ***150.00

50045518

DOCUMENT # P95000097201			
1. Entity Name M.G.A. IMPORT & EXPORT, INC.			
Principal Place of Business 1800 4TH AVE NORTH LAKE WORTH, FL 33461 US		Mailing Address 1800 4TH AVE NORTH LAKE WORTH, FL 33461 US	
2. Principal Place of Business 1905 10th AVE. NORTH Suite, Apt. #, etc.		3. Mailing Address 1905 10th AVE. NORTH Suite, Apt. #, etc.	
City & State LAKE WORTH, FL		City & State LAKE WORTH, FL	
Zip 33461	Country USA	Zip 33461	Country USA
4. FEI Number 65-0732060		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOREIRA, URIEL JR 1800 4TH AVE NORTH LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent Name MOREIRA, URIEL, JR. Street Address (P.O. Box Number is Not Acceptable) 1905 10th AVE. NORTH City LAKE WORTH FL Zip Code 33461	
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:  DATE: 04/26/05 (NOTE: Registered Agents signature required when reappointing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOREIRA, URIEL JR 2560 S. OCEAN BLVD, #517 PALM BEACH, FL 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: 		DATE: 04/26/05 Daytime Phone #	