


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90021 007 \*\*\*150.00

<b>DOCUMENT # P96000011699</b> 1. Entity Name <b>MG AUTO TECNICAL, INC.</b>					
Principal Place of Business <b>M.G. AUTO TECHNICAL 2791 W 3RD AVE HIALEAH, FL 33010</b>			Mailing Address <b>M.G. AUTO TECHNICAL 2791 W 3RD AVE HIALEAH, FL 33010</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>GRANADOS, EFRAIN 18624 NW 47TH PL MIAMI, FL 33035</b>			<b>7. Name and Address of New Registered Agent</b> Name <u>Joel Sanchez</u> Street Address (P.O. Box Number is Not Acceptable) <u>165 W 32 Street</u> City <u>Hialeah</u> <u>FL</u> Zip Code <u>33012</u>		
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: <u>[Signature]</u> <u>Joel Sanchez</u> DATE: <u>3/12/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>GRANADOS, EFRAIN</b> <b>18624 N.W. 47 PL.</b> <b>MIAMI, FL 33055</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S <b>Joel Sanchez</b> <b>165 W 32 Street</b> <b>Hialeah, FL 33012</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>[Signature]</u> <u>President/Sec.</u> DATE: <u>3/12/07</u> DAYTIME PHONE: <u>305-494-8350</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



03122007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0639900** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required