2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000024003

1. Entity Name
MG BOCA CORP.

Principal Place of Business	Mailing Address
C/O ANDREW KATZ 777 E. ATLANTIC AVE., SUITE C2-PMB220 DELRAY BEACH, FL 33483	C/O ANDREW KATZ 777 E. ATLANTIC AVE., SUITE C2-PMB220 DELRAY BEACH, FL 33483

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02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0798591

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KATZ, ANDREW
777 E. ATLANTIC AVE.
SUITE C2-PMB220
DELRAY BEACH, FL 33483

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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)

U00000435958
02/27/06-80017-003 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	KATZ, SAM
STREET ADDRESS	777 E. ATLANTIC AVE. SUITE C2-PMB220
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	DVST
NAME	KATZ, ANDREW
STREET ADDRESS	777 E. ATLANTIC AVE. SUITE C2-PMB220
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: VP ANDREW KATZ 2/13/2006 954-629-1681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #