

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025771

FILED  
Apr 10, 2004  
Secretary of State

Entity Name: MG CAPITAL CORP.

## Current Principal Place of Business:

914 MATANZAS AVE  
CORAL GABLES, FL 33146

## New Principal Place of Business:

PO BOX 566777  
MIAMI, FL 33256

## Current Mailing Address:

914 MATANZAS AVE  
CORAL GABLES, FL 33146

## New Mailing Address:

PO BOX 566777  
MIAMI, FL 33256

FEI Number: 65-0820860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIPSON, GARY D  
9350 SOUTH DIXIE HWY  
STE 1550  
MIAMI, FL 33156

## Name and Address of New Registered Agent:

LIPSON, GARY D  
914 MATANZAS AVENUE  
CORAL GABLES, FL 33146

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.

SIGNATURE: GARY D. LIPSON

04/10/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LIPSON, GARY D  
Address: 9350 S DIXIE HWY #1550  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LIPSON, GARY D  
Address: 914 MATANZAS AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY D. LIPSON

P

04/10/2004

Electronic Signature of Signing Officer or Director

Date