

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000036859	
1. Entity Name MG COLORADO CO.	

Principal Place of Business 3211 BEE RIDGE RD. SUITE 118 SARASOTA, FL 34239 US	Mailing Address 4815 E. BUSCH BLVD. SUITE 208 TAMPA, FL 33617 US
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04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0835696	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GORDON, DAVID 4815 E. BUSCH BLVD. STE. 208 TAMPA, FL 33617
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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)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, MICHAEL 6501 EAST IDA AVENUE GREENWOOD VILLAGE, CO 80111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, GREGORY 280 ADAMS STREET DENVER, CO 80206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, WILLIAM 1270 JOSEPHINE STREET DENVER, CO 80206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000561050 05/18/06-80064-008 150.00 DO NOT WRITE IN THIS SPACE

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/26/06 Date	813-287-1018 Daytime Phone #
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