

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
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

14502 N. DALE MABRY
SUITE 200
TAMPA, FL 33618 US



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0835696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GORDON, DAVID
14502 N. DALE MABRY
SUITE 200
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME KENT, MICHAEL
STREET ADDRESS 6501 EAST IDA AVENUE
CITY-ST-ZIP GREENWOOD VILLAGE, CO 80111

TITLE D
NAME KENT, GREGORY
STREET ADDRESS 280 ADAMS STREET
CITY-ST-ZIP DENVER, CO 80206

TITLE D
NAME GOLDBERG, WILLIAM
STREET ADDRESS 1270 JOSEPHINE STREET
CITY-ST-ZIP DENVER, CO 80206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

David Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/08

Date

813.287.1078

Daytime Phone #