

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 024 ***150.00

DOCUMENT # P99000019488

1. Entity Name
M.G.S. INTERNATIONAL CONSULTING, INC.



Principal Place of Business
**21111 NE 23RD AVENUE
 MIAMI, FL 33180**

Mailing Address
**21111 NE 23RD AVENUE
 MIAMI, FL 33180**

2. Principal Place of Business
~~21055 YACHT CLUB DR~~
 Suite, Apt. #, etc.
APT. #605
 City & State
AVENTURA, FL
 Zip
33180 Country
USA

3. Mailing Address
~~21055 YACHT CLUB DR~~
 Suite, Apt. #, etc.
APT. #605
 City & State
AVENTURA, FL
 Zip
33180 Country
USA



04262005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0917339 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GERI, HAIM
 21055 YACHT CLUB DR., APT 605
 AVENTURA, FL 33180**

7. Name and Address of New Registered Agent
 Name
HAIM GERI
 Street Address (P.O. Box Number is Not Acceptable)
21055 YACHT CLUB DR
APT. #605
 City
AVENTURA, FL Zip Code
33180

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERI, HAIM 21111 NE 23RD AVENUE 21055 YACHT CLUB DR MIAMI, FL 33180 APT. #605, AVENTURA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSNAT GERI 21055 YACHT CLUB DR. #605. AVENTURA, FL. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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

12. I hereby certify that the information supplied with this filing does not qualify 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 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: HAIM GERI Date: 4/25/05 (305) 331-4925