## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 05, 2005 08:00 AM Secretary of State **DOCUMENT # P99000085078** 1. Entity Name MGT ENTERPRISES CORP. Principal Place of Business Mailing Address 10900 WEST FLAGER STREET 10900 WEST FLAGER STREET MIAMI, FL 33174 MIAMI, FL 33174 CR2E034 (10/03) 04282005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1067868 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CUEVAS, ANTHONY DO NOT WRITE 10900 W FLAGLER ST MIAMI, FL 33174 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) \$5.00 May Be U00000363199 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 05/05/05-80150-009 150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE CUEVAS, ANTHONY NAME 10900 WEST FLAGER STREET STREET ADDRESS MIAMI, FL 33174 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 articless with all other like empowered.

SIGNATURE: X

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGN TUPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× 4/25/05 × 30524005/

FILED