2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # S73764 1. Entity Name M. G. SUPPLY, INC. Principal Place of Business Mailing Address 595 N.W. 54TH ST. 17653 A ASHBOURNE LN MIAMI, FL 33127 BOCA RATON, FL 33496 US 01212004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0287266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILVERMAN, GERALD DO NOT WRITE 25 W. FLAGLER STREET MIAMI, FL 33130 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 little if applicable (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PSTD RALBY, MARILYN NAME STREET ADDRESS 17653 A ASHBOURNE LN U00000052972 02/16/04-80114-008 150.00 BOCA RATON, FL 33496 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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. (561)

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

MARTLYN RALBY

1/20/04

241-3040

Daytime Phone #

FILED