

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91010 008 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000041514**

1. Entity Name  
**SEVEN MG, INC.**

Principal Place of Business  
10165 ROCKET BLVD  
ORLANDO, FL 32824

Mailing Address  
10165 ROCKET BLVD  
ORLANDO, FL 32824

**70054146**

2. Principal Place of Business  
**9753 S. ORANGE BLOSSOM TRL**

3. Mailing Address  
**9753 S. ORANGE BLOSSOM TRL**

Suite, Apt. #, etc.  
**SUITE 207**

City & State  
**ORLANDO, FL**

4. FEI Number **01-0669384**

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



6. Name and Address of Current Registered Agent

**MONTILLA, ANGEL**  
**2263 CYPRESS KNEE LOOP**  
**KISSIMMEE, FL 34743**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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]* **4-28-03**

Signature, typewritten name of registered agent and title if applicable. (NOTE: Registered Agent's signature obtained when registering.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	D MONTILLA, ANGEL 2263 CYPRESS KNEE LOOP KISSIMMEE, FL 34743 <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	D MONTILLA, LULLITA 2263 CYPRESS KNEE LOOP KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, and all other like empowered.

SIGNATURE: *[Signature]* **4-28-03 (321) 303-4507**

Signature and Typed or Printed Name of Signing Officer or Director Date Cayman Phone #

CR2E03A (10/02)