

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060778

Entity Name: THE MG GROUP SERVICES CORPORATION**Current Principal Place of Business:**5750 SW 130TH AVE
SOUTHWEST RANCHES , FL 33330**Current Mailing Address:**PO BOX 260820
PEMBROKE PINES , FL 33026 US**FEI Number:** 26-2415069**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MATUTE, MILTON E
5750 SW 130TH AVE
SOUTHWEST RANCHES , FL 33330 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P, D
Name	MATUTE, MILTON
Address	5750 SW 130TH AVE
City-State-Zip:	SOUTHWEST RANCHES FL 33330

Title	S, D
Name	MATUTE, GLENDA
Address	5750 SW 130TH AVE
City-State-Zip:	SOUTHWEST RANCHES FL 33330

Title	VP, D
Name	ARDILA, JUAN
Address	6130 NW 43RD AVE
City-State-Zip:	COCONUT CREEK FL 33073

Title	T, D
Name	ARDILA, JESSICA
Address	6130 NW 43RD AVE
City-State-Zip:	COCONUT CREEK FL 33073

Title	D
Name	GALVEZ, ESTEFANNY
Address	6130 NW 43RD AVENUE
City-State-Zip:	COCONUT CREEK FL 33073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GLENDA MATUTE**SEC****01/23/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date