2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Jan 27, 2006 08:00 AN Secretary of State **DOCUMENT # 546724** MAGU DISTRIBUTORS, INC. Mailing Address Principal Place of Business 7432 N.W. 8 STREET 7432 N.W. 8 STREET MIAMI, FL 33126-2913 MIAMI, FL 33126-2913 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1766797 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MASERI, ROBERT DO NOT WRITE 7432 N.W. 8TH STREET MIAMI, FL 33126 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS THIE GUTIERREZ, JOSE M. NAME 7432 N.W. 8TH ST. STREET ADDRESS U00000404714 02/07/06-80011-025 150.00 GITY-ST-ZIP MIAMI, FL SD TITLE NAME MASERI, ROBERTO 7432 N.W. 8TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR