2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H26103

1. Entity Name
MOGANDA CORPORATION

Principal Place of Business	Mailing Address
601 TRUMAN, AVENUE KEY WEST, FL 33040-3233	601 TRUMAN, AVENUE KEY WEST, FL 33040-3233

DO NOT WRITE IN THIS SPACE

01152007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2459385	Not Applicable

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

6. Name and Address of Current Registered Agent

HRAWG CORP.
2310 ONE FINANCIAL PLAZA
FT. LAUDERDALE, FL 33394

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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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MCDONNELL, P.F.
STREET ADDRESS	1800 ATLANTIC BLVD.
CITY-ST-ZIP	KEY WEST, FL

TITLE	VPS
NAME	OLSON, S.P.
STREET ADDRESS	10 WOODSON AVENUE
CITY-ST-ZIP	KEY WEST, FL

TITLE	D
NAME	OLSON, S.P.
STREET ADDRESS	10 WOODSON AVENUE
CITY-ST-ZIP	KEY WEST, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/07-80008-002 150.00

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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: _____ P.F. McDonnell 1/14/07 305.296.3344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #