

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H87943

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** MAGUIRE ENTERPRISES, INC.

**Current Principal Place of Business:**

10289 NW 46TH STREET  
FORT LAUDERDALE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

10289 NW 46TH STREET  
FORT LAUDERDALE, FL 33351

**New Mailing Address:**

**FEI Number:** 59-2614793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HACKETT, WILLIAM R.  
10289 NW 46TH STREET  
FORT LAUDERDALE, FL 33351 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HACKETT, WILLIAM R.  
Address: 10289 NW 46TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: V  
Name: KENNETH A. HACKETT  
Address: 10289 NW 46TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: T  
Name: HACKETT, LINDA P  
Address: 219 NW 100TH AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: S  
Name: DEPELISI, KATHLEEN M  
Address: 11650 NW 37TH STREET  
City-St-Zip: SUNRISE, FL 33323

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: KENNETH A HACKETT

VP

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date