
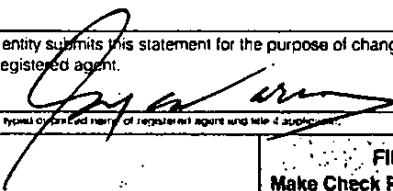



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2006 8:00 am
Secretary of State

04-24-2006 90070 015 ****50.00

DOCUMENT # L05000060212			
1. Entity Name MAGUA 1, LLC			
Principal Place of Business 7620 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141		Mailing Address 7620 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. EEI Number 20-4881468		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD. STE 107 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name: EUGENIO A. NAVARRO Street Address (P.O. Box Number is Not Acceptable): 7620 MIAMI VIEW DR. City: NO. BAY VILLAGE FL 33141	
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: 		DATE: 4/13/06	
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: PRESIDENT <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: EUGENIO NAVARRO	NAME:		
STREET ADDRESS: 7620 MIAMI VIEW DR.	STREET ADDRESS:		
CITY-ST-ZIP: NO. BAY VILLAGE FL 33141	CITY-ST-ZIP:		
TITLE: SECRETARY <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME: MARIA A. NAVARRO	NAME:		
STREET ADDRESS: 7620 MIAMI VIEW DR.	STREET ADDRESS:		
CITY-ST-ZIP: NO. BAY VILLAGE FL 33141	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME:	NAME:		
STREET ADDRESS:	STREET ADDRESS:		
CITY-ST-ZIP:	CITY-ST-ZIP:		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	