


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90260 046 \*\*\*\*50.00

<b>DOCUMENT # L05000060212</b>			
1. Entity Name <b>MAGUA 1, LLC</b>			
Principal Place of Business <b>7620 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141</b>		Mailing Address <b>7620 MIAMI VIEW DRIVE NORTH BAY VILLAGE FL 33141</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>7-0-Box 416023</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI BEACH</b>		City & State <b>MIAMI BEACH</b>	
Zip <b>33141</b>	Country <b>FL</b>	Zip <b>33141</b>	Country <b>FL</b>
6. Name and Address of Current Registered Agent <b>NAVARRO, GUALBERTO 7620 MIAMI VIEW DR N. BAY VILLAGE FL 33141</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P NAVARRO, GUALBERTO 7620 MIAMI VIEW DR N. BAY VILLAGE FL 33141</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>MARIA NAVARRO</b> <b>4/21/07</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			



1st MOORE CR2E083 (10/06)

4. FEI Number **20-4881468** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**