
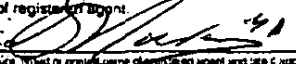



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90065 001 \*\*\*\*50.00

<b>DOCUMENT # L05000060325</b>			
1. Entity Name <b>MAGUA HOLDINGS, 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 <b>SAME</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>7620 MIAMI VIEW DR</b>		Suite, Apt. #, etc. <b>---</b>	
City & State <b>NO. BAY VILLAGES FL</b>		City & State <b>FL</b>	
Zip <b>33141</b>	Country <b>U.S.A.</b>	Zip <b>---</b>	Country <b>FLORIDA</b>
4. FEI Number <b>20-3063520</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>M &amp; W AGENTS, INC. 2101 CORPORATE BLVD. SUITE 107 BOCA RATON FL 33431</b>		7. Name and Address of New Registered Agent Name <b>GUALBERTO NAVARRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>7620 MIAMI VIEW DR. SOUTH AS ABOVE</b> City <b>NO. BAY VILLAGES FL</b> Zip Code <b>33141</b>	
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 registration agent. SIGNATURE  DATE <b>5/9/06</b>			
<p><b>FILE NOW!!! FEE IS \$50.00</b>                  Make Check Payable to Florida Department of State                  Due By May 1, 2008</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PRESIDENT GUALBERTO NAVARRO 7620 MIAMI VIEW DR. NO. BAY VILLAGES</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>SECRETARY MARIA M. NAVARRO SAME ADDRESS</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>AS ABOVE</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <b>5/9/06</b>	