

2006 FOR PROFIT CORPORATION ANNUAL REPORT


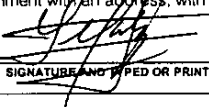
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Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90388 001 ***150.00

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03062006 Chg-P CR2E034 (11/05)

DOCUMENT # M54177					
1. Entity Name MAGNO INVESTMENT, INC.					
Principal Place of Business 18380 NW 75 PASS MIAMI, FL 33015			Mailing Address 18380 NW 75 PASS MIAMI, FL 33015		
2. Principal Place of Business 1290 West 64th Terrace			3. Mailing Address 1290 West 64th Terrace		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Hialeah, Florida			City & State Hialeah, Florida		
Zip 33012	Country U.S.A.	Zip 33012	Country U.S.A.	4. FEI Number 59-2814270	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, VICENTE A 18380 NW 75 PASS MIAMI, FL 33015			7. Name and Address of New Registered Agent Name YOJANET MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 8432 N.W. 168th Terrace City Miami Lakes FL Zip Code 33016		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, YOJANET 8432 N.W. 168 TERRACE MIAMI LAKES, FL 33016	<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	S PUIG, NOEL R 18380 NW 75 PASS MIAMI, FL 33015	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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	
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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	
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: 			04/11/06 Date Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					