
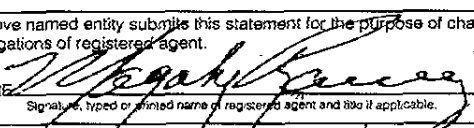
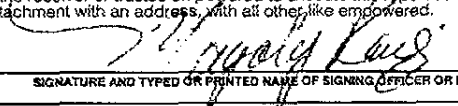


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000089134		
1. Entity Name MAGY INTERIORS, INC.		
Principal Place of Business 19651 N.W. 59TH PLACE MIAMI, FL 33015		Mailing Address 19651 N.W. 59TH PLACE MIAMI, FL 33015
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAMIREZ, MAGALY E 19651 N.W. 59TH PLACE MIAMI, FL 33015		DO NOT WRITE IN THIS SPACE
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) Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD RAMIREZ, MAGALY E 19651 N.W. 59TH PLACE MIAMI, FL 33015	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RAMIREZ, JUAN E 19651 N.W. 59TH PLACE MIAMI, FL 33015	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date 4/15/04 Daytime Phone # 305-756-1222



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1046949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/21/04-80050-010 150.00