

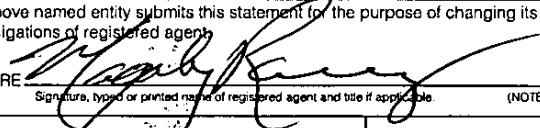
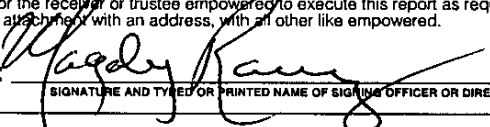


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90013 011 ***150.00

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		
2. Principal Place of Business 565 NE 69 ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami Zip 33188		City & State Country		4. FEI Number 03222005 Chg-P CR2E034 (10/03) 65-1046949	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent RAMIREZ, MAGALY E 19651 N.W. 59TH PLACE MIAMI, FL 33015			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  DATE: 3/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PTD RAMIREZ, MAGALY E 19651 N.W. 59TH PLACE MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMIREZ, JUAN E 19651 N.W. 59TH PLACE MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMIREZ, JUAN E 19651 N.W. 59TH PLACE MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMIREZ, JUAN E 19651 N.W. 59TH PLACE MIAMI, FL 33015	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMIREZ, JUAN E 19651 N.W. 59TH PLACE MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMIREZ, JUAN E 19651 N.W. 59TH PLACE MIAMI, FL 33015	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.					
SIGNATURE: 		3/21/05 305-756-1222 <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					