



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91253 019 ***150.00

DOCUMENT # P00000104005 1. Entity Name MAGNOR USA INC.					
Principal Place of Business 15066 SW 172 TERR MIAMI, FL 33187				Mailing Address 15066 SW 172 TERR MIAMI, FL 33187	
2. Principal Place of Business 13014 S.W 213 Ter Suite, Apt. #, etc.		3. Mailing Address 13014 S.W 213 Ter Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 65-1067189	
Zip 33177		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORAN, MAGNO A 15066 SW 172 TERR MIAMI, FL 33187				7. Name and Address of New Registered Agent Name MORAN, MAGNO A Street Address (P.O. Box Number is Not Acceptable) 13014 S.W 213 Ter City Miami FL Zip Code 33177	
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 re-registering) DATE: _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT MORAN, MAGNO A 15066 SW 172 TERR MIAMI, FL 33187 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT MORAN, MAGNO A 13014 S.W 213 Ter Miami FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORAN, MAGNO A 15066 SW 172 TERR MIAMI, FL 33187 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORAN, MAGNO A 13014 S.W 213 Ter Miami FL 33177 <input checked="" 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 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 all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/30/04 305-256-0537 Date Daytime Phone #		