


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90039 010 \*\*\*150.00

<b>DOCUMENT # P02000031871</b>	
1. Entity Name <b>MAGLAR INVESTMENT, INC.</b>	

Principal Place of Business <b>18145 SW 29 ST HOLLYWOOD, FL 33029</b>	Mailing Address <b>18145 SW 29 ST HOLLYWOOD, FL 33029</b>
--	--

**60010417**



2. Principal Place of Business <b>18145 SW 29 ST</b>	3. Mailing Address <b>18145 SW 29 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIRAMAR, FL</b>	City & State <b>MIRAMAR, FL</b>
Zip <b>33029</b>	Zip <b>33029</b>
County <b>BROWARD</b>	County <b>BROWARD</b>

01152006 Chg-P CR2E034 (11/05)

4. FEI Number <b>01-0645364</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>FUNDORA, ROSENDO J 3270 SW 116TH PLACE MIAMI, FL 33165</b>		
7. Name and Address of New Registered Agent Name <b>FUNDORA ROSENDO J</b> Street Address (P.O. Box Number is Not Acceptable) <b>18145 SW 29 ST</b> City <b>MIRAMAR</b> FL Zip Code <b>33029</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 registered agent.

SIGNATURE *[Signature]* **President** 1/14/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	PSD FUNDORA, ROSENDO J 3270 SW 116TH PLACE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FUNDORA ROSENDO J 18145 SW 29ST, MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FUNDORA, ARMANDA 3270 SW 116TH PLACE MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FUNDORA ARMANDA 18145 SW 29 ST MIRAMAR, FL 33165 <input checked="" 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
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

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 an other like empowered.

SIGNATURE: *[Signature]* 1/14/06 305-441-5716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #