2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P02000039862** 04-26-2004 90547 029 ***150 00 1. Entity Name MAGO 2002, CORP. Principal Place of Business Mailing Address C/O ROTH, ROUSSO & DARRACH, P.A. C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE 360 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business H BU NE 01282004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For AUNITA 04-3645649 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O68800 ROUSSO, MARK E ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE 360 HOLLYWOOD, FL 33021 3360 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. lousso 94/23/04 wit SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ■ Addition NAME DE MOYA, MARIANELA NAME 18851 NE 29th AND \$900 STREET ADDRESS 3440 HOLLYWOOD BLVD., STE 360 STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP DVT TITLE Delete TITLE ☐ LChange ☐ Addition NAME MOYA, PEDRO MAME STREET ADDRESS 3440 HOLLYWOOD BLVD., STE 360 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP Defete TITLES ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. an anela de Moya 04/23/04786279 0000

FILED