


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000065708</b> 1. Entity Name <b>MAGRI GROUP, INC.</b>					
Principal Place of Business <b>11120 NE 8 AVE BISCAYNE PARK FL 33161</b>		Mailing Address <b>11120 NE 8 AVE BISCAYNE PARK FL 33161</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GUZMAN, MARIO I</b> <b>9010 SW 137 AVE, STE 206</b> <b>MIAMI FL 33186</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	000000015790 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTOS, GRISELDA E	NAME	01/28/04-80027-018 150.00		
STREET ADDRESS	11120 NE 8 AVE	STREET ADDRESS			
CITY - ST - ZIP	BISCAYNE PARK FL 33161	CITY - ST - ZIP			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VILLADOR, RUBEN MANUEL G	NAME			
STREET ADDRESS	11120 NE 8 AVE	STREET ADDRESS			
CITY - ST - ZIP	BISCAYNE PARK FL 33161	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			



MOORE CR2E034 (11/03)

4. FEI Number **04-3687119**  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:** \_\_\_\_\_ 1/24/04 954 535 2 608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #