

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000086116

1. Entity Name
MAGLA, CORPORATION



Principal Place of Business
6175 NW 153 STREET
SUITE 103
MIAMI LAKES, FL 33014 US

Mailing Address
6175 W 153 STREET
SUITE 103
MIAMI LAKES, FL 33014 US



02052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2070040

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ODELLA, NELSON
6175 NW 153 STREET
SUITE 103
MIAMI LAKES, FL 33014

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IN THIS SPACE**

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 fee, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000629876
02/19/07-800119-013 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
AMESTOY, CLAUDIO M
C/O 6175 NW 153 STREET # 103
MIAMI LAKES, FL 33014

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
AMESTOY, ALEJANDRO F
C/O 6175 NW 153 STREET # 103
MIAMI LAKES, FL 33014

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
MACHADO, GLADYS H
2030 SOUTH OCEAN DR., # 907
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 5, 07