

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90024 029 ***150.00

DOCUMENT # P02000094639			
1. Entity Name MAGA MODA CORP.			
Principal Place of Business 888 BRICKELL KEY DR., UNIT 1104 MIAMI, FL 33131		Mailing Address 888 BRICKELL KEY DR., UNIT 1104 MIAMI, FL 33131	
2. Principal Place of Business 848 BRICKELL Key DR Suite, Apt. #, etc. Unit 1203 City & State Miami, FL Zip 33131		3. Mailing Address 848 BRICKELL Key DR Suite, Apt. #, etc. Unit 1203 City & State Miami, FL Zip 33131	
4. FEI Number 01-0743083		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECAGLI, MARCELLO 888 BRICKELL KEY DR., UNIT 1104 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name BECAGLI MARCELLO Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL Key DR Unit 1203 City Miami FL Zip Code 33131	
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: <u>BECAGLI Marcello Becagli Parents</u> DATE: <u>2/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D BECAGLI, MARCELLO 848 BRICKELL KEY DR., UNIT 1203 MIAMI, FL 33131	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 all other like empowered.			
SIGNATURE: <u>BECAGLI Marcello Becagli Parents</u>		Date: <u>3/15/06</u> Daytime Phone #	

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