

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90200 008 ***150.00

DOCUMENT # P02000109663

1. Entity Name
MAIGRA, INC.



Principal Place of Business
**801 BRICKELL KEY BLVD UNIT 1203
MIAMI, FL 33131**

Mailing Address
**1001 BRICKELL BAY DR.
1604
MIAMI, FL 33131**

24070978



2. Principal Place of Business

520 Brickell Key Dr
Suite, Apt. #, etc. **0-305**

City & State
MIAMI FL

Zip
33131 Country
USA

3. Mailing Address

520 Brickell Key Dr
Suite, Apt. #, etc. **0-305**

City & State
MIAMI FL

Zip
33131 Country
USA

04292004 Chg-P CR2E034 (10/03)

4. FEI Number

20-1051501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRITO, LEONARDO F
1001 BRICKELL BAY DR STE 2112
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Transglobal Corporate Administration, LLC
Street Address (P.O. Box Number is Not Acceptable)

520 Brickell Key Drive, Suite 0-305

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
D ☐ Delete
NAME
HUGO ADAMS, DANIEL
STREET ADDRESS
801 BRICKELL KEY BLVD UNIT 1203
CITY-ST-ZIP
MIAMI, FL 33131

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel Adams **Daniel H Adams** **4/29/04** **374 3800**