

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2004 90221 007 ***150.00

24069795



DOCUMENT # P03000028530 1. Entity Name MAGERS CORPORATION			
Principal Place of Business 109 SE 9 ST APT 5 HALLANADALE, FL 33009		Mailing Address 109 SE 9 ST APT 5 HALLANADALE, FL 33009	
2. Principal Place of Business Hallandale Suite, Apt. #, etc. APT. 5		3. Mailing Address 109 SE 9 ST Suite, Apt. #, etc.	
City & State Hallandale		City & State FL.	
Zip 33009		Country USA	
4. FEI Number 331052697		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRERO, MANUEL 109 SE 9 ST APT 5 HALLANADALE, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when renewing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GUERRERO, MANUEL STREET ADDRESS 109 SE 9 ST APT 5 CITY-ST-ZIP HALLANADALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
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		04-30-04 954 4580663 Date Daytime Phone #	