

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000003015

Entity Name: MARGAB, INC.

FILED
May 17, 2006
Secretary of State**Current Principal Place of Business:**127 S.W. 136 PLACE
MIAMI, FL 33184 US**New Principal Place of Business:****Current Mailing Address:**127 S.W. 136 PLACE
MIAMI, FL 33184 US**New Mailing Address:**

FEI Number: 20-0538566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ARZOLA, EILEEN
127 S.W. 136 PLACE
MIAMI, FL 33184 US**Name and Address of New Registered Agent:**ARZOLA, ERROL
127 S.W. 136 PLACE
MIAMI, FL 33184 US

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.

SIGNATURE: ERROL ARZOLA

05/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PSTD () Delete
Name: ARZOLA, EILEEN
Address: 127 S.W. 136 PLACE
City-St-Zip: MIAMI, FL 33184 USTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: STD (X) Change () Addition
Name: ARZOLA, EILEEN
Address: 127 S.W. 136 PLACE
City-St-Zip: MIAMI, FL 33184 USTitle: PD () Change (X) Addition
Name: ARZOLA, ERROL
Address: 127 SW 136 PLACE
City-St-Zip: MIAMI, FL 33184

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERROL ARZOLA

PRES

05/17/2006

Electronic Signature of Signing Officer or Director

Date