


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90019 029 ***150.00

DOCUMENT # P04000065099	
1. Entity Name MAGDIEL APPLIANCES, INC.	

Principal Place of Business 7809 NW 200TH TERRACE MIAMI, FL 33015	Mailing Address 7809 NW 200TH TERRACE MIAMI, FL 33015
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50003672

2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03162006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0087095		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 ESTEVEZ, MAJDIEL 7809 NW 200TH TERRACE MIAMI, FL 33015		7. Name and Address of New Registered Agent Name MAGDIEL ESTEVEZ Street Address (P.O. Box Number is Not Acceptable) 6845 West 3 Court #304 City Hialeah FL 33014

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/16/06**

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTEVEZ, MAGDIEL 7809 NW 200 TERRACE MIAMI, FL 330156600 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRE. MAGDIEL ESTEVEZ <input type="checkbox"/> Change <input type="checkbox"/> Addition 6845 W 3 Court #304 Hialeah FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LLORENTE, RAFAEL A 7809 NW 200 TERRACE MIAMI, FL 330156600 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 another like empowered.

SIGNATURE: *[Signature]* (3/16/06) (305) 496-2765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR