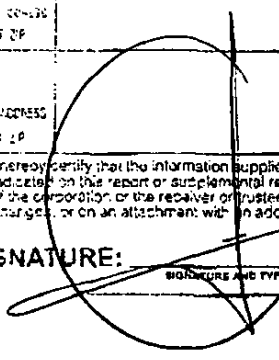


03/31/2006 15:31 305-445-4971

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-16-2006 90227 001 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000098466			
1. Entity Name MAGAR INVESTMENTS CORPORATION			
Principal Place of Business % WILLIAM H. ALBORNOZ, ESQUIRE 901 PONCE DE LEON BLVD - STE 603 CORAL GABLES, FL 33134		Mailing Address % WILLIAM H. ALBORNOZ, ESQUIRE 901 PONCE DE LEON BLVD - STE 603 CORAL GABLES, FL 33134	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 20-1434876		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESQ 901 PONCE DE LEON BLVD STE 603 CORAL GABLES, FL 33134		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: Signature of officer or director of registered agent and title if applicable (NOTE: Registered Agent signature required when removing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-STATE-ZIP	D FERRAEZ, CARLOS JAVIER % 901 PONCE DE LEON BLVD - STE 603 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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 or without like empowered.			
SIGNATURE: 		02/01/06 0152288120361	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	