

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000005238

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** MAGANA UNDERGROUND UTILITIES, INC.

**Current Principal Place of Business:**

5084 PINE NEEDLE DR.  
MASCOTTE, FL 34753 US

**New Principal Place of Business:**

**Current Mailing Address:**

5084 PINE NEEDLE DR.  
MASCOTTE, FL 34753 US

**New Mailing Address:**

**FEI Number:** 20-4124996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAGANA, ALEJANDRO  
5084 PINE NEEDLE DR.  
MASCOTTE, FL 34753 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT D  
Name: MAGANA, ALEJANDRO  
Address: 5084 PINE NEEDLE DR.  
City-St-Zip: MASCOTTE, FL 34753 US

Title: VS D  
Name: MAGANA, GILBERTO  
Address: 5084 PINE NEEDLE DR.  
City-St-Zip: MASCOTTE, FL 34753 US

I hereby 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 all other like empowered.

SIGNATURE: ALEJANDRO MAGANA

P

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date