
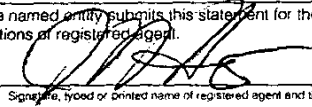
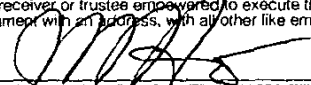


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 043 ***158.75

DOCUMENT # P06000034635			
1. Entity Name MAGNUM ATLANTIC CONSTRUCTION INC.			
Principal Place of Business 11825 SW 82ND RD. MIAMI, FL 33156		Mailing Address 11825 SW 82ND RD. MIAMI, FL 33156	
2. Principal Place of Business - No P.O. Box # 2060 SW 71ST ST.		3. Mailing Address 7510 SW 57TH CT	
Suite, Apt. #, etc. E-10		Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State MIAMI, FL	
Zip 33317	Country U.S.A.	Zip 33143	Country USA
6. Name and Address of Current Registered Agent MOGGIO, JOHN 8937 SW 208TH ST. MIAMI, FL 33189		7. Name and Address of New Registered Agent Name JAMES D. HARPER Street Address (P.O. Box Number is Not Acceptable) 7510 SW 57TH CT City MIAMI FL Zip Code 33143	
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:  DATE: 7/5/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOGGIO, JOHN 8937 SW 208TH ST. MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES D. HARPER 7510 SW 57TH CT MIAMI, FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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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 all other like empowered.			
SIGNATURE: 		DATE: 7/7/07 7864262028	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	