2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 8:00 am Secretary of State

3/4

DOCUMENT # P06000075357 1. Entity Name MAGNOLIA CORAL WAY COMPANY									03-26	-2007	90061	006 **	*150.00	
Principal Place of Business 1101 BRICKELL AVE STE 1700 MIAMI, FL 33131			Meiling Address 1701 BRICKELL AVE STE 1700 MIAMI, FL 33131					·				084 <u>]</u>		
2. Principal Place of Business - No P.O. Box #			3. Ma	3. Mailing Address						TRAN TRANT BY				
Suite, Apt. #. etc.			Suit	Suite, Apt. #, etc.				03192007	Chg-P		CR2E03	34 (12/06)		
City & State			City & State					4. FEI Numb	551	50	18.T		oplied For ot Applicable	
Zip		Country	Zip Cour			niry		Certificate of Status Desired						
6. Name and Address of Current R				ed Agent	7. Name and Address of New Registered Agent Name									
PENALVER, AURORA ESQ 1101 BRICKELL AVE STE 1700					Street Address (P.O. Box Number is Not Acceptable)									
MIAMI, FL 33131					City	<u> </u>	<u></u>			FL	Zip Cod	le		
	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	Service book	to crinted name of registered asset	and win f or	iplicable (NOTE	Registers	KI Apami supressure res	owed.	w-w-remataking)		_	DATE			
FILE NOWID FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 PLACE FILE NOWID FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 First Fund Contribution. PAGE STRUCT Registered Agent acqueurs required with representation of the properties of the proper												-		
10.	_	OFFICERS AND	DIRECTO				ADDITIONS	CHANGES TO	O OFFICE	ERS AND				
MAME	D PINEDA I	BELLOSO, BEATRIZ		Delete ITILE								☐ Change	☐ Add≠ion	
STREET ADDRESS CITY-ST-ZIP	S 2021 SW 3RD AVE - UNIT 605 MIAMI, FL 33129			SIRE										
MAKE	Delste 1/17											☐ Change	Addition	
STREET ACCIPESS						EET ADDRESS (-ST-ZIP								
ILE	Delate IIIts											Change	Addition	
STREET ADDRESS		EET ADDRESS -ST-21P												
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ITILE NAME				☐ Celeta	TITLE			-				Change	Addition	
STREET ADDRESS CITY-ST-ZIP				<u></u> -	STRE	EET ADORESS (-SI-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 supplier entral 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 on the receiver or trustee epippowered tips 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.														
SIGNAT	TURE:	Sentus MONATURE AND TYPED ON	PRINTED N	MANE OF STOM INQUESTS LES	OR DIREC	TOR		3-10	3-20	<u>07</u>	De	Varno Phone II		