


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90024 046 \*\*\*150.00

<b>DOCUMENT # P06000075357</b> 1. Entity Name <b>MAGNOLIA CORAL WAY COMPANY</b>			
Principal Place of Business <b>1101 BRICKELL AVE STE 1700 MIAMI, FL 33131</b>		Mailing Address <b>1101 BRICKELL AVE STE 1700 MIAMI, FL 33131</b>	
2. Principal Place of Business - No P.O. Box # <b>2655 LeJeune Rd.</b>		3. Mailing Address <b>2655 LeJeune Rd.</b>	
Suite, Apt. #, etc. <b>Suite 508</b>		Suite, Apt. #, etc. <b>Suite 508</b>	
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>	
Zip <b>33134</b>		Zip <b>33134</b>	
Country <b>Miami-Dade</b>		Country <b>Miami-Dade</b>	
4. FEI Number <b>20-5515981</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PENALVER, AURORA ESQ 1101 BRICKELL AVE STE 1700 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent <b>Penalver, Aurora Esq. 2655 LeJeune Rd. Suite 508 Coral Gables FL 33134</b>	
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 <u><i>Aurora Penalver</i></u> DATE <u>1-23-08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PINEDA BELLOSO, BEATRIZ</b> <b>2021 SW 3RD AVE - UNIT 605</b> <b>MIAMI, FL 33129</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u><i>Beatriz Pineda Belloso</i></u>		DATE <u>1-23-08</u>	