

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144998

Entity Name: MAGS PIZZA, INC.

FILED
Mar 19, 2007
Secretary of State

Current Principal Place of Business:

209 CHIPPEWA STREET
MIAMI SPRINGS, FL 33136

New Principal Place of Business:

209 CHIPPEWA STREET
MIAMI SPRINGS, FL 33166

Current Mailing Address:

209 CHIPPEWA STREET
MIAMI SPRINGS, FL 33136

New Mailing Address:

209 CHIPPEWA STREET
MIAMI SPRINGS, FL 33166

FEI Number: 20-5902375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEDINA, ALBIN
209 CHIPPEWA STREET
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

MEDINA, ALBIN
209 CHIPPEWA STREET
MIAMI, FL 33166 US

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: SUZANNE MEDINA

03/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEDINA, ALBIN
Address: 209 CHIPPEWA STREET
City-St-Zip: MIAMI SPRINGS, FL 33136

Title: SD () Delete
Name: MEDINA, SUZANNE
Address: 209 CHIPPEWA STREET
City-St-Zip: MIAMI SPRINGS, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEDINA, ALBIN
Address: 209 CHIPPEWA STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: SD (X) Change () Addition
Name: MEDINA, SUZANNE
Address: 209 CHIPPEWA STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZANNE MEDINA

SD

03/19/2007

Electronic Signature of Signing Officer or Director

Date