2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P08000098279

Entity Name: MUGNAGA, CORP.

Current Principal Place of Business:

83 NW 45 AVENUE
APT. 102
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

470 JEFFERSON DRIVE
APT 104
DEERFIELD BEACH, FL 33442 US

Current Mailing Address:

83 NW 45 AVENUE
APT. 102
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

470 JEFFERSON DRIVE
APT 104
DEERFIELD BEACH, FL 33442 US

FEI Number: 35-2349477 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DA SILVA, EVERALDO
83 NW 45 AVENUE
APT. 102
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

DA SILVA, EVERALDO
470 JEFFERSON DRIVE
APT 104
DEERFIELD BEACH, FL 33442 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: EVERALDO DA SILVA 04/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DA SILVA, EVERALDO
Address: 83 NW 45 AVENUE # 102
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VP (X) Delete
Name: MAIN, PAULO M
Address: 83 NW 45 AVENUE # 102
City-St-Zip: DEERFIELD BEACH, FL 33442 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DA SILVA, EVERALDO
Address: 470 JEFFERSON DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: EVERALDO DA SILVA P 04/27/2009
Electronic Signature of Signing Officer or Director Date