


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000054097</b>		
1. Entity Name 8808 CORPORATION		
Principal Place of Business 155 OCEAN LANE DR CCW 913 KEY BISCAYNE, FL 33149	Mailing Address % MAGGS - CCW 913 155 OCEAN LN DR KEY BISCAYNE, FL 33149 US	



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0432037	Applied For Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  MAGGS, ROBERT 155 OCEAN LANE DRIVE CCW 913 KEY BISCAYNE, FL 33149
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**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGGS, MARGUERITE 155 OCEAN LN DR, CCW 913 KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAGGS, ROBERT 155 OCEAN LN DR, CCW 913 KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGGS-CHAGARES, MARIANNE 155 OCEAN LN DR. CCW 115B KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/05-80029-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #