

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P93000054097**

**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**



01062006 No Chg-P CR2ED34 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0432037**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MAGGS, ROBERT  
155 OCEAN LANE DRIVE  
CCW 913  
KEY BISCAYNE, FL 33149**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**



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

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME MAGGS, MARGUERITE  
STREET ADDRESS 155 OCEAN LN DR, CCW 913  
CITY-ST-ZIP KEY BISCAYNE, FL**

**TITLE STD  
NAME MAGGS, ROBERT  
STREET ADDRESS 155 OCEAN LN DR, CCW 913  
CITY-ST-ZIP KEY BISCAYNE, FL**

**TITLE D  
NAME MAGGS-CHAGARES, MARIANNE  
STREET ADDRESS 155 OCEAN LN DR, CCW 115B  
CITY-ST-ZIP 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**

U00000380287  
01/11/06-80008-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Robert L. Maggs*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

1/6/06 305-361-8808

15875