## 2004 FOR PROFIT CORPORATION

## Apr 22, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P93000086682 1. Entity Name MAGUINA BROS, INC. Principal Place of Business Mailing Address 3660 SW 64TH AVE 3660 SW 64TH AVE FORT LAUDERDALE, FL 33314 FORT LAUDERDALE, FL 33314 04202004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0457612 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent MAGUINA, HUMBERTO DO NOT WRITE 3660 SW 64TH AVE FORT LAUDERDALE, FL 33314 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 (MOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE 000000125323 04/22/04-80081-003 150.00 NAME MAGUINA, HUMBERTO STREET ADDRESS 3660 SW 64TH AVE FORT LAUDERDALE, FL 33314 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C67Y-57-20P TIBLE IN THIS SPACE NAME STREET ADDRESS C:TY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with all other like empowered.

SIGNATURE: \_

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.20.04 305.2497 Date Davine Phone 8

**FILED**