## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90327 011 \*\*\*158.75 **DOCUMENT # P96000005497** 1. Entity Name MAG CONSTRUCTION, INC. Principal Place of Business Mailing Address 40063840 7812 S.W. 34TH TERRACE 7812 S.W. 34TH TERRACE MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012007 Chg-P CR2E034 (12/06) City & State City & State 4, FEI Numbe Applied For 65-0637912 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MALAGON, ARGELIO Street Address (P.O. Box Number is Not Acceptable) 7812 SW 34TH TERRACE MIAMI, FL 33155 Zip Code City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition MALAGON, ARGELIO NAME NAME STREET ADDRESS 7812 SW 34TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-71P CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ( Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CSTY - ST - ZIP CITY-ST-ZIP 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 reports 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 embowered 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 8