

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000048321

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** MAGBE CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

2430 SW 18TH STREET  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

2430 SW 18TH STREET  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 65-0679927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABAD, MAGALI R  
2430 SW 18TH STREET  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MAGALI, ABAD R  
Address: 2430 SW 18TH STREET  
City-St-Zip: MIAMI, FL 33145

Title: DVP  
Name: BAGUE, IRELA  
Address: 15 MADEIRA AVE # 6  
City-St-Zip: CORAL GABLES, FL 33134

Title: D  
Name: FLOOD, HENRY  
Address: 20335 W COUNTRY CLUB DR #1009  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: MAGALI R ABAD

DP

01/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date