


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90228 008 ***150.00

DOCUMENT # P96000068435 1. Entity Name MAGPAS SERVICES, INC.					
Principal Place of Business 60 NW 193 TERRACE N MIAMI BEACH FL 33169 US			Mailing Address 60 NW 193 TERRACE N MIAMI BEACH FL 33169 US		
2. Principal Place of Business 13215 SW 47 St. Suite, Apt. #, etc.			3. Mailing Address 13215 SW 47 St. Suite, Apt. #, etc.		
City & State MIRAMAR			City & State MIRAMAR		
Zip FL-33027		Country BROWARD		Zip FL 33027	
Country BROWARD		4. FEI Number 65-0687233			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CHUCK MOGBO, P.A. 2331 N STATE ROAD 7 SUITE 124 LAUDERHILL FL 33313			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGBENNA, MAGNUS M 60 NW 193RD TERR N MIAMI FL 33169		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13215 SW 47 St MIRAMAR FL 33027		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/05 **786-554-1105**