


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000039357	
1. Entity Name MAGEL CORPORATION	

FILED

06 APR 21 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0909994	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2655 LEJEUNE RD
#507
CORAL GABLES, FL 33134

Mailing Address
2655 LEJEUNE RD
#507
CORAL GABLES, FL 33134

6. Name and Address of Current Registered Agent

URDANETA, JUAN V
2655 LEJEUNE RD #507
CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY - ST - ZIP	DP ESPEJO, MAGALY P 2655 LEJEUNE RD #507 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS FARARDO, FREDDY B 2655 LEJEUNE RD #507 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ARARDO, FREDDY B 2655 LEJEUNE RD #507 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000072932020
05/01/06--01004--001 **3308.75

**DO NOT WRITE
IN THIS SPACE**

K. Eckel APR 21 2006

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:  *Juan Urdaneta, Esq. Atty in fact*
413106 305-728-1319
For Magaly Espino - Pres. Daytime Phone #