

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 APR 18 AM 8:34



**DOCUMENT # P98000039357**

1. Entity Name  
**MAGEL CORPORATION**

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

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



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0909994</b>	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

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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) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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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 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 limitations.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #