


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT# P99000009393  
 1. Entity Name  
 MAGU10, INC.



Principal Place of Business Mailing Address  
 14021 SW 39 ST. 14021 SW 39 ST.  
 MIAMI, FL 33175 MIAMI, FL 33175

**DO NOT WRITE IN THIS SPACE**



03012004 NoChg-P CR2E034(10/03)

4. FEI Number 65-0891980 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MAGUREGUI, JOSE C  
 14021 SW 39 ST.  
 MIAMI, FL 33175

**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 *Jose C. Maguregui* JOSE C. MAGUREGUI PRES 3-10-04  
Signature of person printed name of registered agent and if applicable (NOTE: Registered Agents signature required where installing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000096918  
 03/26/04-80017-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAGUREGUI, JOSE C
STREET ADDRESS	14021 SW 39 ST.
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	S
NAME	MAGUREGUI, MARIA ELENA
STREET ADDRESS	14021 SW 39 ST
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 19.07(3)(f), 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: *Jose C. Maguregui* JOSE C. MAGUREGUI 3-10-04 (305) 785 1153  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone#