2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # P99000014362 1. Entity Name MARGREG CORPORATION Principal Place of Business Mailing Address 100 BAYVIEW DRIVE, STE. 2028 NORTH MIAMI BEACH FL 33160 4545 NW 7 STREET SUITE 12 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 65-1046026 Not Applical Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUSCHNIR, GREGORIO Street Address (P.O. Box Number is Not Acceptable) 424-95 STREET SURFSIDE FL 33154 Zip Code 6. 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 acco the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when constating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Add ☐ Detete KUSCHNIR, GREGORIO NAME NAME U00000491004 04/19/06-80005-008 150.00 STREET ADDRESS 424-95 STREET STREET ADDRESS CSTY-ST-ZIP SURFSIDE FL 33154 CITY-ST-ZIP ITTE VTD ☐ Delete TITLE ☐ Change ☐ Add NAME NAME KUSCHNIR, MARY STREET ADDRESS 100 BAYVIEW DRIVE, STE. 2028 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 Delete Change □ Add TITLE DITS F NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP C17Y - ST - ZIP $\mathfrak{M}t\mathcal{E}$ ☐ Delete 7175 F ☐ Change La year NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZXP G(1Y-57-2# Delete ☐ Change □ Ada NAME MANAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-SI-ZIP ☐ Delete THE TilleE ☐ Change □ Ada NAME NAME STREET ADDRESS STREET ADDRESS C/TY-57-21P Chr-St-ZP

12. Thereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ulhuseluse

Director

3/12/06

305-944-6486

**FILED**