2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 15, 2007 08:00 AN Secretary of State DOCUMENT # P99000084254 1. Entity Name DAVÉ MAGUA, P.A. Principal Place of Business Mailing Address 196 EAST BAYRIDGE DRIVE 196 EAST BAYRIDGE DRIVE WESTON, FL 33326 WESTON, FL 33326 01072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0948025 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAGUA, DAVID DO NOT WRITE 196 E. BAYRIDGE DRIVE WESTON, FL 33326 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MAGUA, DAVID NAME STREET ADDRESS 196 E BAYRIDGE DRIVE CITY-ST-ZIP WESTON, FL 33326 TITLE 000000637726 02/26/07-80072-022 150.00 NAME STREET ADDRESS CfTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director epitole-scrute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if a pher like empowered. 12. I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation or the recei changed, or on an attac