


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000095948</b> 1. Entity Name <b>M.G.N.A. INC.</b>	
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Principal Place of Business <b>217 NORTH FEDERAL HWY HALLANDALE, FL 33009</b>	Mailing Address <b>217 NORTH FEDERAL HWY HALLANDALE, FL 33009</b>
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07302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0962475</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SLASTNOY, NICKOLAY 2219 NE 7TH STREET HALLANDALE, FL 33009</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

U000000771106  
08/01/07-00005-003 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S ZALIGAN, VIKTORIYA 420 NE 12 AVE., APT 307 HALLANDALE, FL 33009</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SLASTNOY, NICKOLAY 2219 NE 7TH STREET HALLANDALE, FL 33009</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP KHERSONSKIY, IGOR 420 NE 12 AVE., APT 307 HALLANDALE, FL 33009</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-07

Date

Daytime Phone #

(954) 458 9880