

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109653

Entity Name: MAGUI CORPORATION

FILED  
Apr 30, 2004  
Secretary of State

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD. SUITE 1105  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

15500 NEW BARN ROAD  
SUITE 101  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

999 PONCE DE LEON BLVD. SUITE 1105  
CORAL GABLES, FL 33134

**New Mailing Address:**

15500 NEW BARN ROAD  
SUITE 101  
MIAMI LAKES, FL 33014

FEI Number: 65-0870333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARRILLO, GUILLERMO  
999 PONCE DE LEON BLVD. SUITE 1105  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARRILLO, GUILLERMO  
Address: 999 PONCE DE LEON BLVD. SUITE 1105  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO CARRILLO

D

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date