


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # V34121
 1. Entity Name
 MAGO, CORP.



Principal Place of Business Mailing Address
 575 W. 49 ST. 575 W. 49 ST.
 HIALEAH, FL 33012 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0330194 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GONZALEZ, GUILLERMO
 575 W. 49 ST.
 HIALEAH, FL 33012

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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 \$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

U00000115336
 04/16/04 00020 003 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPTD
NAME	GONZALEZ, MANUEL I.
STREET ADDRESS	575 W. 49 ST.
CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	P
NAME	GONZALEZ, GUILLERMO
STREET ADDRESS	575 W. 49 ST.
CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	S
NAME	GONZALEZ, ELENA
STREET ADDRESS	575 W. 49 ST.
CITY - ST - ZIP	HIALEAH, FL 33012
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 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 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 my address, with all other like empowered.

SIGNATURE:  4-1-04 (305) 992-8263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #