

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90053 044 \*\*\*158.75

**DOCUMENT # V66551**

1. Entity Name  
**MAGNA GROUP OF MIAMI CORPORATION**



Principal Place of Business  
~~12000 MOSS RANCH RD~~  
~~MIAMI, FL 33156~~

Mailing Address  
~~12000 MOSS RANCH RD~~  
~~MIAMI, FL 33156 US~~

**50030107**



2. Principal Place of Business  
*6464 NW 77 Ct*  
 Suite, Apt. #, etc.

3. Mailing Address  
*6464 NW 77 Ct.*  
 Suite, Apt. #, etc.

02182005 Chg-P CR2E034 (10/03)

City & State  
*Miami FL*  
 Zip *33166* Country

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*Miami FL*  
 Zip *33166* Country

4. FEI Number  
**65-0358195** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
~~SUAREZ, VIRGINIA~~  
~~12000 MOSS RANCH RD~~  
~~MIAMI, FL 33156~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*6464 NW 77 Ct.*  
 City *Miami* **FL** Zip Code *33166*

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: *Angela Lopez* DATE: *2/18/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! - FEES ARE \$150.00 After May 1, 2005 Fee will be \$550.00** 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, VIRGINIA 12000 MOSS RANCH RD MIAMI, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SUAREZ, FERNANDO 12000 MOSS RANCH RD MIAMI, FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6464 NW 77 Ct.</i> <i>Miami FL 33166</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6464 NW 77 Ct.</i> <i>Miami FL 33166</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: *Angela Lopez* DATE: *2/18/05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #