


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V66551 1. Entity Name MAGNA GROUP OF MIAMI CORPORATION			FILED 06 MAR 26 2005 CLIENT COPY
Principal Place of Business 12000 MOSS RANCH RD MIAMI, FL 33156		Mailing Address 12000 MOSS RANCH RD MIAMI, FL 33156 US	
2. Principal Place of Business <i>0404 NW 77 CT</i> Suite, Apt. #, etc.		3. Mailing Address <i>0404 NW 77 CT</i> Suite, Apt. #, etc.	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>	
Zip <i>33106</i> Country		Zip <i>33106</i> Country	
4. FEI Number 65-0358195		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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) <i>0404 NW 77 CT</i> City <i>Miami</i> FL Zip Code <i>33106</i>	
8. The above named entity submits this statement in support 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: <i>Amorallones</i> DATE: <i>2/18/05</i> <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SUAREZ, VIRGINIA 12000 MOSS RANCH RD MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>0808 NW 77 CT</i> <i>Miami FL 33106</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete SUAREZ, FERNANDO 12000 MOSS RANCH RD MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>0808 NW 77 CT</i> <i>Miami FL 33106</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600069629916 04/06/06--01039--012 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>B3/29/04</i>	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"/> Delete	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 is true and correct to the best of my knowledge and belief, 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 file 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, when the information is like empowered.			
SIGNATURE: <i>Amorallones</i>		DATE: <i>2/18/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	