


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90233 013 ***158.75

DOCUMENT # V66551

1. Entity Name
MAGNA GROUP OF MIAMI CORPORATION



Principal Place of Business: **6464 NW 77 CT MIAMI, FL 33166**

Mailing Address: **6464 NW 77 CT MIAMI, FL 33166 US**



2. Principal Place of Business - No P.O. Box #
7735 NW 64 St #7

3. Mailing Address
7735 NW 64 St #7

02092007 Chg-P CR2E034 (12/06)

City & State: **miami FL**

City & State: **miami FL**

Zip: **33166** Country: **US**

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
6464 NW 77 CT
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable):
7735 NW 64 St #7

City: **miami** State: **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: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ, VIRGINIA	
STREET ADDRESS	6464 NW 77 CT	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SUAREZ, FERNANDO	
STREET ADDRESS	6464 NW 77 CT	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7735 NW 64 St #7	
CITY-ST-ZIP	miami FL 33166	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7735 NW 64 St #7	
CITY-ST-ZIP	miami FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* Date: 2/18/07 Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR