
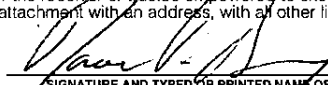


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90007 003 \*\*\*150.00

<b>DOCUMENT # K13117</b>							
1. Entity Name MAGNA ADMINISTRATIVE SERVICES, INC.							
Principal Place of Business 1320 S. DIXIE HWY #350 SUITE 350 CORAL GABLES, FL 33146 US			Mailing Address 1320 S. DIXIE HWY #350 SUITE 350 CORAL GABLES, FL 33146 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0026888			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DUNCAN, ROSARIO P. 1320 S DIXIE HWY SIXTH FLOOR CORAL GABLES, FL 33146			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		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	DP	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MENENDEZ, ROSA M		NAME	Jerez, Laura P.			
STREET ADDRESS	1320 S. DIXIE HWY. SUITE 350		STREET ADDRESS	1320 S. Dixie Highway, 6th Floor			
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	Coral Gables, FL 33146			
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ARIAS, RAFAEL		NAME	Real, Lourdes			
STREET ADDRESS	1320 S. DIXIE HWY. SUITE 350		STREET ADDRESS	1320 S. Dixie Highway, 6th Floor			
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	Coral Gables, FL 33146			
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIERRA, ANTHONY F		NAME				
STREET ADDRESS	1320 S DIXIE HWY. 6TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE ARMAS, ELOY		NAME				
STREET ADDRESS	1320 S DIXIE HWY 6TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNCAN, ROSARIO P		NAME				
STREET ADDRESS	1320 S DIXIE HWY 6TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIERRA, ANTONIO M		NAME				
STREET ADDRESS	1320 S DIXIE HWY 6TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP				
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: 		Rosario P. Duncan, Secretary 1/19/04 (305) 668-4547					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

01000000



01072004 Chg-P CR2E034 (10/03)