

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90083 040 ***150.00

DOCUMENT # K13117
 1. Entity Name
MAGNA ADMINISTRATIVE SERVICES, INC.



Principal Place of Business Mailing Address
 1320 S. DIXIE HWY #350 1320 S. DIXIE HWY #350
 SUITE 350 SUITE 350
 CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US

50008461

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01182005 Chg-P CR2E034 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0026888 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent
 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: _____
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, 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	DP MENENDEZ, ROSA M 1320 S. DIXIE HWY. SUITE 350 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARIAS, RAFAEL 1320 S. DIXIE HWY. SUITE 350 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, ANTHONY.F. 1320 S DIXIE HWY. 6TH FLOOR CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE ARMAS, ELOY 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUNCAN, ROSARIO P 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERRA, ANTONIO M 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146.	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bush, Brent 1320 S. Dixie Hwy., Sixth Floor Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jerez, Laura Patricia 1320 S. Dixie Hwy., Suite 350 Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rencurrell, Ramiro 1320 S. Dixie Hwy., Suite 350 Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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: _____ **Rosario P. Duncan, Secretary 1/18/05 (305) 668-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #