


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K13117
 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
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

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
 CIEF FINANCIAL OFFICER
 P.O. BOX 6200 32314-6200
 200 E. GAINES ST.
 TALLAHASSEE, FL 32399

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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 life if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARIAS, RAFAEL 1320 S. DIXIE HWY. SUITE 350 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, ANTHONY F 1320 S DIXIE HWY. 6TH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE ARMAS, ELOY 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUNCAN, ROSARIO P 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERRA, ANTONIO M 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES, FL 33146

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 01/24/06-80052-024 150.00

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: Rosario P. Duncan 1/16/06 305 668-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #